

VOL. XLII, No. 8

AUGUST, 1961

TEN CENTS

The VALLEY ECHO

SASKATCHEWAN
SANATORIA

The
Annual Report

of the
SASKATCHEWAN
ANTI-TUBERCULOSIS LEAGUE

for the year 1960

Report of the
Golden Jubilee Celebration

Sanatoria at
FORT QU'APPELLE PRINCE ALBERT
SASKATOON

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spreads information about tuberculosis

In spite of much that is being said, tuberculosis has not yet been conquered, not brought under final control.

People tend to become negligent and such an attitude may be the undoing of the tuberculosis program. Consequently people need continuing education and are being asked to subscribe to this magazine which is published by the patients and staff of the sanatoria.

The price is one dollar a year and is less than cost, and is kept low so that everyone can subscribe. Just sign below and enclose a dollar.

NAME

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Clip and mail to the Valley Echo, Sanatorium, Saskatoon, Sask.

When you and your family have perused this issue, please hand it to your neighbor.

THE VALLEY ECHO

Published monthly by patients and staff of the Sanatoria operated by the Saskatchewan Anti-Tuberculosis League, being their voluntary contribution to the campaign against tuberculosis.

Instructive or amusing articles, poems, photographs, cartoons, etc., are solicited and will be used as space and occasion permit.

The Valley Echo accepts no responsibility for opinions expressed in signed articles.

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Editor Harvey C. Boughton, formerly Medical Superintendent Saskatoon Sanatorium.

The publisher at Saskatoon will pay return postage on undeliverable copies returned with Form 29B.

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TUBERCULOSIS CLINICS IN SASKATCHEWAN

Centres Served by Clinics	Location of Clinics	Dates on which Clinics are Held	Appointments to be made with :
Canora	Canora Union Hospital	The first Wednesday afternoon of each month.	The Lady Superintendent of the Hospital.
Fort Qu'Appelle	The Sanatorium	Daily, except Saturday or Sunday.	The Medical Superintendent of the Sanatorium.
Meadow Lake	The Union Hospital	The Tuesday preceding the first Thursday of each month.	The Lady Superintendent of the Hospital.
Melfort	Lady Minto Hospital	The Wednesday preceding the second Thursday of each month.	The X-Ray Department of the Hospital.
Moose Jaw	The Union Hospital	Every Thursday.	Tuberculosis Clinic, Moose Jaw Union Hospital.
North Battleford	Notre Dame Hospital	The first Thursday of each month.	The X-Ray Department of the Hospital.
Prince Albert	The Sanatorium	Daily except Saturday or Sunday.	The Medical Superintendent of the Sanatorium.
Regina	The General Hospital	Every Wednesday and Friday.	The Tuberculosis Clinic Nurse, Civic Health Centre, McIntyre & 12th Ave., Regina.
Saskatoon	The Sanatorium	Daily, except Saturday or Sunday.	The Medical Superintendent of the Sanatorium.
Swift Current	The Union Hospital	The last Monday of each month.	The Regional Medical Health Officer, Swift Current, Sask.
Tisdale	St. Therese Hospital	The second Thursday of each month.	The X-Ray Department of the Hospital.
Yorkton	Yorkton General Hospital	The first Tuesday afternoon and Wednesday morning of each month.	The Lady Superintendent of the Hospital.

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DR. G. D. BARNETT



Staff of Fort Qu'Appelle Sanatorium

Medical Superintendent	DR. H. D. JENNER
Assistant Physician	DR. H. F. POSNER
Assistant Physician	DR. J. A. ROMEYN
Assistant Physician	DR. G. B. LOGUINOFF
Assistant Physician	DR. A. L. SWANTON
Laboratorian	MR. J. HATTON
Head X-Ray Technician	MR. J. E. NORMAN, R.T.
Superintendent of Nurses	MISS G. M. FERGUSON, Reg. N.
Dietitian	MISS R. M. BIDEN

Staff of Saskatoon Sanatorium

Medical Superintendent	DR. A. R. McPHERSON
Assistant Physician	DR. E. W. LOW
Assistant Physician	DR. E. O. HENSCHEL —Resigned Aug. 15, 1960.
Assistant Physician	DR. E. H. FIEGUTH
Laboratorian	MRS. L. DUNCAN, R.T.
Head X-Ray Technician	MISS H. HELEM, R.T.
Superintendent of Nurses	MRS. A. STATHAM, Reg. N.
Assistant Dietitian	MRS. D. KINNEAR

Staff of Prince Albert Sanatorium

Medical Superintendent	DR. R. W. KIRKBY
Assistant Physician	Dr. M. P. BARRY (LOA)
Assistant Physician	DR. W. P. EARL —Resigned June, 1960
Assistant Physician	DR. L. A. STARK
A/Laboratorian	MISS B. RICHARDS
Head X-Ray Technician	MR. M. WOYTUIK, R.T.
Superintendent of Nurses	MISS F. M. LOGAN, REG.N. —Resigned Oct. 1960.
Assistant Dietitian	MRS. M. KIRKBY

Hospital Patients and Clinics

Physician in Charge	DR. C. F. BENNETT
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The Valley Echo

VOL. XLII

AUGUST, 1961

NUMBER 8

President's Report 1960

To All Trustees and Members of
The Saskatchewan Anti-Tuberculosis League.

Ladies and Gentlemen:

This is the forty-seventh annual meeting of the Saskatchewan Anti-Tuberculosis League. It is a real pleasure to welcome you on the eve of the great outdoor gathering at Fort San to celebrate the Golden Jubilee of our organization.

Fifty years ago, on February 17, 1911, a group of eighteen courageous men met in Regina, and in the face of what, to lesser men might have proven to be insurmountable problems, chose, through the founding of the Saskatchewan Anti-Tuberculosis League, to take up the fight against a disease which Sir William Osler, that great Canadian doctor, termed the "Captain of the Men of Death."

We are the heirs of those who laboured so well for this cause—of Dr. M. M. Seymour, Commissioner of Health for the Province, who might be termed the Father of the League; of Dr. Geo. Ferguson, who, through direction of the League's program for over thirty years, won world-wide acclaim and recognition, and along with him, all those dedicated medical men such as Drs. Wm. Malcolm Hart, John Orr, Harvey Boughton, R. W. Kirkby and T. W. Hamilton. We are heirs too, of such outstanding laymen as A. B. Cook, Peter McAra E. G. Hingley, who as president of the League, gave selfless service; of its directors, and here I single out the late Dr. F. W. Hart, one of the original eighteen, who served the League as a director for over 20 years. There are other laymen—and to mention only a few: R. D. Roberts, J. G. Knox, A. E. Whitmore, Andrew Leslie, and the Honorable W. M. Martin, who gave outstanding and long service to the interests of the League.

The situation is very different now compared to fifty years ago. At that time, even control of the disease seemed a remote possibility; now facilities and tools are at hand to eradicate tuberculosis. The problems for the future, although different, will be just as difficult to overcome as those that have been solved in the past.

In 1910 Dr. Seymour took the first steps towards the formation of the League. He invited Dr. Geo. D. Porter, the Executive Secretary of the Canadian Tuberculosis Association, to accompany him on a speaking tour of the province. Public meetings were held in twenty-two cities and larger towns, interest was aroused, and local leagues were set up. Delegates from these leagues met in early 1911 to form the provincial organization.

The first decade began with a request for government assistance to build a sanatorium, and closed with a recommendation to the government to set up a Commission to make a detailed study of the extent of the tuberculosis problem. It was a decade of planting and putting down roots; of bestirring the public conscience to the needs of the generous support of the people; of government assistance, both provincial and federal, to complete a tuberculosis treatment unit at Fort San in 1917 for tuberculous returned soldiers in Saskatchewan, and then to enlarge these facilities.

The next decade, 1921-1931, brought the League into full growth and flower. The recommendations of the Anti-Tuberculosis Commission were implemented—the progress achieved has in large part been due to the wisdom and practicability of these recommendations. This ten-year period witnessed the provincial government providing the League with two fine sanatoria at Saskatoon and Prince Albert, and the evolution of a sound financial basis for tuberculosis treatment culminating in Saskatchewan being the first province to provide free treatment to its tuberculosis cases. This period also saw the development of diagnostic clinics at various centres for earlier diagnosis of the disease, and the start of the annual Christmas Seal Campaigns. The close of the decade brought the great drought and depression on the scene.

The following decade, 1931-1941, was one of financial difficulties as well as optimism. During the depths of the depression in 1934 an offer to help came from the Associated Canadian Travellers which has blossomed into an outstanding health achievement. At first this group staged dances and bazaars and sold Christmas Seals to raise funds for TB prevention. Then, at the suggestion of Bill Hart of Radio Station CKBI, Prince Albert, the radio amateur hour was initiated. A million dollars has been raised for tuberculosis prevention by the men of the A.C.T. and the radio stations, and more significant still, as a result of these efforts, the people of the province have become more than ever, a part of the tuberculosis prevention program. It was a decade of a demonstration which has influenced the anti-tuberculosis program among the Indians in every province in Canada. During this period too, for a second time, a great war intervened in the people's fight against tuberculosis. The decade ended with the inauguration of the mass x-ray examination of our people.

The fourth decade, 1941-1951, witnessed a resumption in the fall of death and case rates which had been interrupted by war, saw federal assistance thrown into the fight through Tuberculosis Control Grants, and an overall growth, acceleration and expansion of the prevention program.

In the fifth decade, the benefits of the careful planning and preparation of previous decades were beginning to be reaped. Case rates and death rates took a sharp drop, and empty sanatorium beds presented new problems. This decade brought the inauguration of mass tuberculin testing, and tuberculosis prevention services were extended to the isolated northern communities. The federal Indian Affairs Branch intensified its tuberculosis program. Tuberculosis cases from European Refugee Camps were admitted for treatment. The decade ended with the closing of the Prince Albert Sanatorium as a tuberculosis treatment facility.

It will be evident from this brief review of fifty years' of stewardship that the League has been blessed with impressive support and consideration from governments, public spirited organizations, and the people. It has been blessed with capable dedicated directors and devoted, zealous medical leadership throughout its history. Its relationship with the doctors of the province has been one of mutual respect and co-operation. All have contributed to the success that has been achieved in the long struggle against this insidious disease.

The province has erected three fine sanatoria which have served the tuberculous sick and have provided the facilities for the segregation of patients

which has proven to be the most effective method in eliminating infection in the general public. The province has also contributed over \$11,000,000 to the cost of operating the sanatoria during the free treatment era. The federal government assisted with grants towards construction at Fort San, and has paid in excess of \$8,00,000 for treatment of its wards in the same period. The municipalities have contributed more than \$20,000,000 in levies since 1929 towards sanatoria operating costs.

The I.O.D.E. have contributed approximately \$100,000 towards the Children's Pavilion, treatment costs of indigent children and the Preventorium. The women's organizations, under the leadership of the National Council of Women of Saskatchewan, raised over \$50,000 in 1923, named it the Every-women's Fund, for the care of indigent tuberculous mothers. The Rural Municipal Secretary-Treasurers have raised \$57,000 in support of the Christmas Seal Campaign, and many organizations, such as the Homemaker's Clubs, the Legion Auxiliaries, have given this drive every support. The Lloydminster Kinsmen Club and the Maple Creek Chamber of Commerce have sponsored this campaign in their districts for many years. The Associated Canadian Travellers, with the help of the radio stations CKBI, CFQC, CJGX, CKRM, CHAB and CFSI have raised a million dollars for tuberculosis prevention, a truly remarkable achievement, unexcelled or unmatched anywhere.

The press, radio and television stations, theatres, the schools, the clergy, through publicity, persuasion and teaching, have all contributed to the great humanitarian effort of tuberculosis prevention.

And the people, well-informed, tuberculosis conscious, have taken advantage of the tuberculosis prevention services which they have made possible by voluntary contributions to the A.C.T. and to the annual Christmas Seal Campaigns. Since 1928, voluntary contributions through Christmas Seals have totalled over \$1,895,000. The generosity of the people in providing the tools for prevention, and their generous response to the services provided, has been one of the outstanding factors in the success of the League's work.

The death rate has been depressed, now at 2 per 100,000 among non-Indians compared to more than twenty times this rate in 1911. For Indians the rate is 39 compared to the 800's fifty years ago. The case rate is in the low 20's, compared to the high sixties 30 years ago. The infection rate has been drastically reduced as indicated by the tuberculin positive rate among 6-year olds, now less than 1% compared to 44% in 1921.

But still we have no delusions about the resourcefulness of the enemy or that further advances will be easy. The advance will be difficult, and will require confidence, steadiness, research, experimentation, a thoroughly informed public, and a continued united effort. We have the facilities, resources, and the morale for an all-out advance towards the eradication of tuberculosis. The League has every confidence for the future—for our greatest asset in Saskatchewan is the vision of the common people "of a province ridded of this needless disease." Through their generous provisions for prevention, and their voluntary co-operation, they declare their willingness to pay the price.

I can assure you that the League will strive, as it has in the past, to conduct its affairs in such a manner as to be worthy of this support.

All of which is respectfully submitted,

KEN MORE, President,
Saskatchewan Anti-Tuberculosis League.

FINANCIAL STATEMENT

Saskatchewan Anti-Tuberculosis League

January 27, 1961.

To the Directors,

Saskatchewan Anti-Tuberculosis League,
Fort San, Saskatchewan.

We have examined the accounts of the Saskatchewan Anti-Tuberculosis League for the year ended December 31, 1960, and submit herewith Balance Sheet as at that date, together with detailed Statement of Operations for the year, which we certify to be correct as shown by the records and from information furnished.

Cost per Patient Day: The cost per patient day shown on the Summary of Operations amounted to \$12.097 as compared with \$11.772 for the prior year, and increase of 32½¢ per patient day.

Grants and Fees: Government grants and patient fees amounted to \$880,260.16 compared with \$857,607.58 for the prior year.

Municipal Levies: The total municipal levy amounted to \$1,082,000.08 compared with \$994,998.60 for 1959. Unpaid levies at December 31, 1960, totalled \$4,165.60, an increase of \$1,331.01 over the amount outstanding at the same date last year.

Treatment Account: The Summary of Operations for the Treatment Account shows an excess revenue for the year of \$11,799.69 after a special allocation of \$40,000.00 to the General Reserve under authority of the Minister of Health.

Cash and Bank: Cash on hand at Fort San, Saskatoon, and Prince Albert was verified by count during the course of our examination. We have obtained from the League's bankers confirmation of the bank balances together with the liabilities in respect of the bank loan.

Inventories: Inventories of the three sanatoria were spot tested by us during the course of our examination.

General: All information and explanations required during the course of our examination have been readily furnished and we found the records to reflect the usual careful attention.

Respectfully submitted,

R. L. BAMFORD & CO.,
Chartered Accountants.

ASSETS

Cash on hand	\$ 106,592.55
Investments—at cost:	
General Reserve Fund (Schedule "4")	464,268.35
Liability Insurance Fund (Schedule "4")	107,363.90
Provincial grants receivable	111,412.00
Municipal levies receivable	4,165.60
Accounts receivable:	
Department of Indian Affairs	\$ 142,005.10
Department of Veterans' Affairs	1,534.90
Department of National Defence	161.65
D.S.C.R.	2,514.00
Saskatchewan Hospital Services Plan	170.30
Tuberculosis Control Grant	32,796.15
Other Provincial	11,850.49
Health Grants and Bequests Fund	19,874.55
Sundry	7,887.49
	218,794.63
Inventories (Schedule "2")	89,343.54
Workmen's Compensation Board—deposit	1,000.00
Prepaid Expenses (Schedule "2")	7,959.06
Prepaid School Grant	16,000.00
Staff House—Moose Jaw—depreciated value	6,677.27
Cars and Trucks—depreciated value	1,403.00
	\$ 1,134,979.90

LIABILITIES

Bank overdraft	\$ 9,568.04
Bank loan	50,000.00
Accounts payable	51,036.22
Accrued payroll	67,190.53
Municipal levy—overpaid	161.54
Fund Liabilities:	
Patients' Fund	\$ 210.78
Tuberculosis Sanatoria Superannuation Fund	38,930.01
Preventive Fund	27,633.71
Staff Insurance Fund	40,443.67
Vocational Therapy Fund	1,186.06
Endowment Trust Fund	46.88
	108,451.11
Reserves: (Schedule "3")	
Liability Insurance	107,566.85
Replacements	87,311.33
General	641,894.59
	836,772.77
Excess Revenue — December 31, 1960 — as per Summary of Operations	11,799.69
	\$1,134,979.90

Certified correct as shown by the books and records and from information furnished.

R. L. BAMFORD & CO.,
Chartered Accountants.

Moose Jaw, Saskatchewan,
January 27, 1961.

**TREATMENT ACCOUNT—SUMMARY OF OPERATIONS for the twelve months
ended December 31, 1960**

EXPENDITURES

	Total	Fort San	Saskatoon	Prince Albert
Administration	\$ 101,497.13	\$ 30,780.78	\$ 32,772.62	\$ 37,943.73
Interest and discounts	13,071.41	4,076.82	3,693.04	5,301.55
Hospital	788,568.74	290,898.87	255,610.31	242,059.56
Dispensary	34,576.21	9,810.92	17,467.96	7,297.33
Laboratory	35,115.39	10,925.12	16,935.26	7,255.01
Kitchen	357,070.90	129,831.62	108,203.48	119,035.80
X-Ray	29,228.98	10,244.52	11,242.44	7,742.02
Housing	77,688.34	36,270.86	21,647.11	19,770.37
Stewards	20,294.69	7,329.41	6,507.12	6,458.16
Maintenance of Buildings	35,638.01	15,975.76	11,480.86	8,181.39
Power House	235,332.35	96,097.81	60,537.03	78,697.51
Laundry	61,586.77	16,394.95	19,254.75	25,937.07
Grounds	25,642.69	7,670.42	7,357.90	10,614.37
Garage	10,397.07	5,999.33	587.58	3,810.16
Stable	1,906.98	1,906.98		
School Grants	5,281.49	5,281.49		
Staff Insurance	15,000.00	4,666.50	4,302.00	6,031.50
Replacements (under Sec. 12, Sanatoria Act) ..	1,000.00	311.10	286.80	402.10
League Patients in other Hospitals	18,880.63	9,015.36	5,098.77	4,766.50
Superannuation	122,421.06	38,085.19	35,110.36	49,225.51
Compensation	5,930.20	1,781.60	728.03	3,420.57
Liability Insurance	2,500.00	777.75	717.00	1,005.25
	<u>\$1,998,629.04</u>	<u>\$734,133.16</u>	<u>\$619,540.42</u>	<u>\$644,955.46</u>

Deduct:

Accounts charged to Health Grants	\$ 67,807.22	\$ 32,251.68	\$ 19,527.70	\$ 16,027.84
Accounts charged to Preventive Fund	17,387.24	11,693.86	3,901.36	1,792.02
Canteen and Postal Revenue	362.05	362.05		
S.H.S.P.—re Patients' Fees	2,588.98	2,017.40	338.60	232.98
Miscellaneous— Service Charges	23.00	3.00		20.00
	<u>\$ 88,168.49</u>	<u>\$ 46,327.99</u>	<u>\$ 23,767.66</u>	<u>\$ 18,072.84</u>
Total Net Expenditure	<u>\$1,910,460.55</u>	<u>\$687,805.17</u>	<u>\$595,772.76</u>	<u>\$626,882.62</u>
Number of Patient Days	<u>157,919</u>	<u>49,135</u>	<u>45,291</u>	<u>63,493</u>
Cost per Patient Day for the period	<u>\$ 12.097</u>	<u>\$ 13.998</u>	<u>\$ 13.154</u>	<u>\$ 9.873</u>

Patients' Fees:

REVENUE

Charged to: Dominion Government— Department of Indian Affairs	\$ 349,894.25	\$ 20,978.70	\$ 44,738.80	\$284,176.75
Department of Veterans' Affairs	54,367.43	23,101.93	17,831.25	13,525.25
Provincial Government: re Immigrants and Refugees	30,458.59	29,870.09	588.50	
Workmen's Compensation Board	2,485.60	2,485.60		
Yukon	2,950.00	2,950.00		
	<u>\$ 440,155.87</u>	<u>\$ 79,295.32</u>	<u>\$ 63,158.55</u>	<u>\$297,702.00</u>

Add (Deduct): Estimated
Additional Earned Income
re difference in rates
paid and actual

	16,812.29	(63.49)	(2,002.45)	18,878.23
	<u>\$ 456,968.16</u>	<u>\$ 79,231.83</u>	<u>\$ 61,156.10</u>	<u>\$316,580.23</u>
Provincial Government Grants	423,292.00	153,188.00	153,794.00	124,310.00
	<u>\$ 880,260.16</u>	<u>\$232,419.83</u>	<u>\$206,950.10</u>	<u>\$440,890.23</u>

RECONCILIATION OF MUNICIPAL LEVY ACCOUNT

Section 24 — Chapter 235 — R.S.S. 1953

Net Expenditure for the year	\$1,910,460.55	
General Reserve — special allocation	40,000.00	
		\$1,950,460.55
Revenue — Patients' Fees	\$ 456,968.16	
— Government Grants	423,292.00	
		880,260.16
		\$1,070,200.39
Municipal Levy:		
Rural	\$ 515,498.71	
Urban	541,501.37	
Northern Administration Districts	25,000.00	
		1,082,000.08
Excess Revenue — December 31, 1960 — carried to Balance Sheet	\$ 11,799.69	

STATEMENT OF ASSETS AND LIABILITIES

Tuberculosis Sanatoria Superannuation Fund, Fort San, Saskatchewan As at December 31, 1960

ASSETS

Cash in Bank		\$ 4,380.57
Investments — at cost:		
Dominion of Canada Bonds	\$ 233,370.00	
Canadian National Railway Bonds—		
Government guaranteed	51,220.00	
Province of Saskatchewan Bonds	426,418.05	
Province of Manitoba Bonds	138,457.10	
Province of New Brunswick Bonds	48,048.75	
Province of Newfoundland Bonds	40,715.00	
Province of Ontario Bonds	98,438.75	
Hydro-Electric Power Commission of Ontario		
Bonds — Government guaranteed	180,581.88	
Quebec Hydro-Electric Commission Bonds—		
Government guaranteed	49,575.00	
Water and Sewage Corporation of Greater		
Corner Brook, Newfoundland Bonds—		
Government guaranteed	20,107.50	
		1,286,932.03
Saskatchewan Anti-Tuberculosis League:		
League Contributions — balance	\$ 35,000.00	
Employees' contributions	3,930.01	
		38,930.01
		<u>\$1,330,242.61</u>

LIABILITIES

Net contribution from employees	\$ 419,011.63	
Less — contributions from superannuated employees	98,522.51	
		\$ 320,489.12
Amount available for payment of pensions:		
Contributions by Saskatchewan Anti-Tuberculosis		
League	\$1,022,781.58	
Contributions from superannuated employees	98,522.51	
Net interest earnings	334,728.41	
Net gain on purchase and sale of investments	19,322.08	
	\$1,475,354.58	
Less pensions paid	465,601.09	
		1,009,753.49
		<u>\$1,330,242.61</u>

NOTE: There is a contingent liability with respect to interest on contributions of present employees under Section 19 of the Tuberculosis Sanatoria Superannuation Act amounting to \$53,489.85.

General Superintendent's Report

Report of Medical Services -- 1960

To the President, Directors and Members of
The Saskatchewan Anti-Tuberculosis League.

This is the 47th Annual Report of the Medical Services provided by the Saskatchewan Anti-Tuberculosis League. The report covers the services provided during the year 1960, the first year of the new decade. The year began with 388 patients in the three sanatoria. As usual the census increased as the year went by and at the end of June there were 406 patients on strength; at the end of the year the census was 390, an increase of 2 compared to December, 1959.

The total number of days treatment given to patients in 1960 was 157,919 compared to 166,299, a decrease of 8380 days. An interesting feature is the increase which occurred in the number of urban days (5296), rural days (1028) and refugees (2617). The overall decline was due to the decrease in D.I.A. days (9874), N.A.D. days, etc. The chart on the following page shows the changes that have occurred in the patient days for the various categories of patients from 1955 to 1960 inclusive. The chart continues to show a tendency to stabilization of the patient days for urban and rural patients, whereas the patient days for D.I.A. and N.A.D. patients continue to decline, except for a slight incline in D.I.A. days for the latter half of the year.

This general trend will continue if we maintain the present length of stay in the sanatorium. The reports from some areas in Canada and the United States indicate that patients are being discharged at a much earlier date, before their disease has become stabilized. Although patients are discharged from the sanatorium at an early date, drug therapy is continued on an out-patient basis for the usual length of time (18 to 24 months).

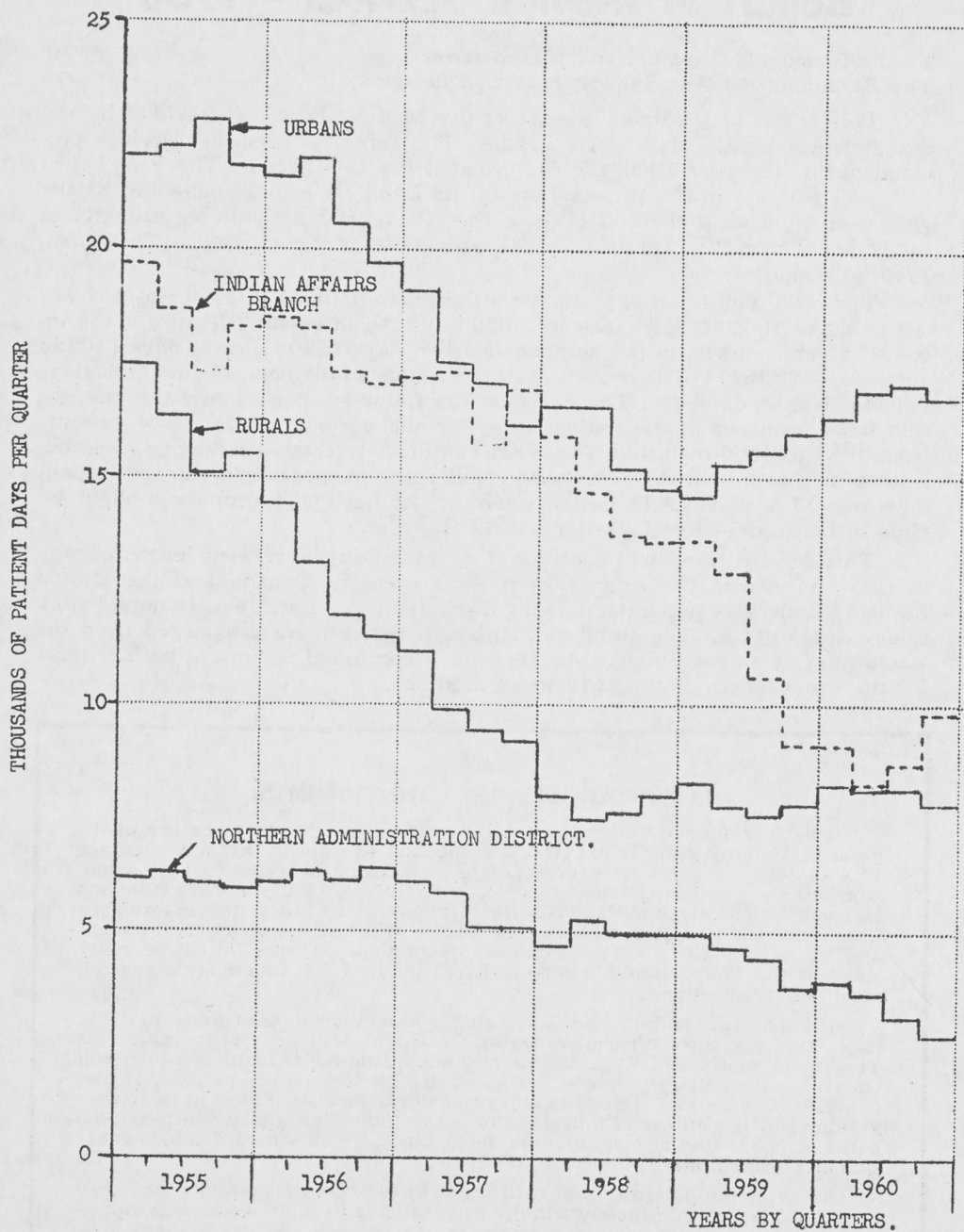
Tuberculosis Is International

This year, for the first time since it was organized 40 years ago, the International Union Against Tuberculosis is meeting in Canada. From September 10th to 14th delegates from 67 countries will meet in Toronto. They come from all the continents. They represent most or all of the world's religions and political ideologies. Nations with centuries of recorded history, such as China and India, will be represented and so will nations as young as Chad and Mali. They all have one problem in common—they are all considerably short of the World Health Organization's standard for tuberculosis **control**, much less eradication.

It is natural for Canadians interested in the eradication of tuberculosis to hope that this, the 16th conference of the Union, will be a memorable one. They ask themselves if Canada's programme has about it features which will encourage the nations only now setting up health services. The answer is that it has. In this country official health departments are supported in their programmes by the efforts of thousands of energetic, enthusiastic volunteers who assist in house-to-house canvass for mass surveys, year-round health education and rehabilitation.

Many of the delegates who will come to the conference know that they cannot expect, within their working years, to have as many or as well equipped hospitals, clinics and laboratories as those they will visit there. The material resources of their countries do not extend so far at this time.

CHART No. 1
 PATIENT DAYS 1955 - 1960



This policy of early discharge is commendable but it is fraught with pitfalls. Patients must be selected very carefully, according to their home conditions, their reliability and their sense of responsibility. They must be non-infectious and preferably their disease should show indications of stabilizing or regressing, although in some areas this latter requirement is not necessary. In spite of the careful selection of patients, disturbing reports are beginning to appear in the literature of the failure of patients to follow the prescribed drug and rest routine at home. As a result many of these patients will develop resistant organisms and will fail to heal their disease.

The average length of stay in sanatorium for patients in Saskatchewan has shown a decline. In 1960 our average length of treatment in sanatorium was 12.08 months (365.5 days) compared to 12.93 months (393.3 days) in 1959. We expect that the decline will continue but it is not our intention to abandon sanatorium treatment, even for minimal cases. The decline in the length of sanatorium treatment affects mainly the urban and rural patients, but not the D.I.A. or N.A.D. patients. This latter group does not lend itself to proper supervision on an out-patient basis.

The number of new active cases discovered in 1960 has shown an increase of 16 over 1959; 208 in 1960 compared to 192 in 1959. Old cases admitted in 1960 amounted to 99 compared to 111 in 1959, a decrease of 12. The figure of 99 includes 18 old cases admitted for the first time and 81 old cases re-admitted. Comparable figures for 1959 are 8 first admissions for old cases and 103 old cases re-admitted. The increase in the number of new cases is in part accounted for by the fact that we have included the ten tuberculous refugees who were detained for treatment during 1960. In addition, a goodly proportion of the increase in new cases is accounted for by the number of active cases of tuberculosis that we discovered as a result of the follow-up contact examination from one open case of tuberculosis. Since February, 1960, to the end of the year we examined 121 persons who were named as contacts to one case and to-date we have discovered 25 new active cases of tuberculosis.

This experience should serve as a warning to us that tuberculosis still presents a threat to our population. It points out the fact that today an open case of tuberculosis in the community constitutes a much greater hazard than it did thirty or forty years ago. Since 80% of the population has never been exposed to tuberculosis, this means that the general level of resistance in the community is lower. Therefore, although we have fewer active cases in the community, those that are present constitute a greater hazard. We must never relax our preventive programme. It must continue to be directed towards the early discovery and segregation of all active cases of tuberculosis.

The age distribution of the New Active Cases (non D.I.A.) is interesting when compared to previous years. The table below shows the age distribution for the years 1960, 1959 and 1950:

Total	Year	0-4	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70 plus	Percentage over Age of 60
415	1950	27	39	72	98	69	42	25	26	17	10.4%
192	1959	14	16	15	30	25	21	18	21	32	27.6%
208	1960	15	21	24	27	32	21	23	16	29	21.6%

It is apparent that there has been a decided shift in the incidence of tuberculosis from the young adult (49 and under) to the older age groups, particularly in the age group seventy and over.

It is our belief that this change is the result of less infection in the community which in turn is the result of our early case finding programme (mass

surveys, hospital admission x-rays, contact examinations, etc.). The question may be asked: If fewer cases are arising from individuals recently infected what then is the main source of new cases? It will be recalled that in our last annual report we recorded our experience with a mass x-ray survey that was carried out in 1958 and 1959 among individuals with a previously known positive tuberculin. In this survey we discovered ten new active cases of tuberculosis out of 33,229 x-ray examinations, which is equivalent to a rate of 1 new case for every 3323 x-rays, about double the rate of our general mass surveys. However, in spite of the higher rate we decided not to continue with this type of survey. It was our opinion that with the same effort a general survey could be held which would cover a larger group of people and hence we would discover more cases. In addition it was our opinion that the ten cases discovered by this special survey would have or should have been discovered by our regular contact examination programme; and that a general survey is required to detect new cases as they develop among the large tuberculin negative section of the population.

In spite of this decision not to continue with the positive tuberculin survey, it was suspected that this section of the population (Positive Tuberculin) or a portion of it was responsible for many of the new cases of tuberculosis. In order to identify this reservoir it was decided to set up a study of the new cases of tuberculosis discovered in the Fort Qu'Appelle sanatorium zone covering the years 1958 and 1959. The preliminary results from this study show that out of 91 new active cases of pulmonary tuberculosis, 28 or 30.8% arose from individuals recently infected (tuberculin converters) and 51 or 56.0% came from individuals who had previous radiological evidence of infection with tuberculosis—that is, we had previous x-rays in which old tuberculous scars could be demonstrated. The source of the remaining 12 cases (13.2%) could not be determined. The previous x-rays were all considered negative but sufficient information on the previous tuberculin reaction was lacking. In all probability most of this group developed tuberculosis as a result of recent infection.

These results indicate that most of our new cases (56%) arise from individuals with previous inactive disease. This also accounts for the shift in the age incidence of tuberculosis. The chart on the following page shows the age distribution of the new active cases according to their source. This chart shows that in the younger patients recent infection is the main cause of tuberculosis, whereas in the older age groups the vast majority of new cases arise from individuals that had been classified as Tuberculosis Inactive. This latter group actually is a reservoir of infection in the community from which new cases develop.

This then is the situation that we are confronted with in Saskatchewan today. On the one hand we have a large section of the population that has never been exposed to tuberculosis, and hence the general level of resistance in the community is lower; on the other hand, and living side by side with this first group, we have a smaller section of the population that has had tuberculosis but have never received specific treatment. Active cases of tuberculosis will continue to arise from this latter group. If they are not detected early, infection will spread to the unexposed population. It is our responsibility to keep the reservoir under constant surveillance in order to detect active cases as early as possible. Therefore this reservoir of active cases should have regular follow-up x-ray and sputum examinations. This is the same procedure that we follow for patients once they had been discharged from the sanatorium and have been classified as Inactive Tuberculosis.

The number of deaths from tuberculosis in Saskatchewan during 1960 totalled 34 which includes 8 registered Indians. In 1959, the corresponding figures were 19 white deaths and 9 Indian deaths. That is, there has been an increase of 7 in the white deaths and a decrease of 1 among the Indian population. The age distribution of patients dying from tuberculosis is as follows:

Year	0-4	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70 & over	Not Stated	Total
1958	1	0	1	1	3	4	1	6	6	0	23
1959	2	0	2	2	1	1	5	4	11	0	28
1960	2	0	1	1	5	4	5	5	11	0	34

One of the deaths that occurred under the age of 10 was an Indian child, age 2, the cause was miliary tuberculosis; the other death was in a two year old Metis child, and the cause here was tuberculous meningitis. This year 47% of the deaths occurred in individuals 60 years and over. Seventeen of the deaths occurred in sanatoria, 14 in General and Mental Hospitals and the remainder (3) occurred in the home.

Mass tuberculin and x-ray surveys were carried out successfully in 111 rural municipalities, 2 L.I.D's and the following cities: Moose Jaw, Swift Current, Melville and Lloydminster. Altogether 200,506 persons attended the surveys; 117,024 were x-rayed and 168,781 were tuberculin tested. Individuals under the age of 20 with a negative tuberculin test were not x-rayed unless they requested it. In this latter group there were 83,482 persons. The results of the tuberculin survey are shown in the attached table. This table includes the school population in the city of Moose Jaw, and it will be noted that the percentage of positive reactors is 19.48%. This is the first year that this figure has fallen below the 20% mark and it may be due to the inclusion of the school population at Moose Jaw. If the latter figures are excluded, the over-all percentage of positive tuberculin reactors would be 20%. The number of new active cases discovered by the surveys was 29. This is equivalent to a rate of one new active case per 6914 examinations. This compares to a rate of 1:5452 for 1959. This year, for the first time, it was possible to take one of the vans into the North-Western section of the province. The van was able to travel by road as far as Buffalo Narrows. In previous years this section of the province was accessible only by air or over winter roads. Now that the mass survey equipment can be taken into the area, it is our intention to hold surveys here for the next few years. It is to be hoped that the North-Eastern section of the Province, around Cumberland House and Island Falls, will soon become accessible by road so that the same service may be given here. This area is now served by special surveys using portable equipment. This type of survey is expensive, as it entails the use of charter aircraft.

A special survey was held in the North-Eastern area of the Province at Cumberland House, Island Falls, Montreal Lake Orphanage, Pemmican Portage, Pine House and Sandy Bay. A total of 1264 x-rays were taken and 3 new active cases were found. This year also the equipment from one of the vans was flown into Uranium City and a special survey was held in that area. A total of 2,598 persons were x-rayed and one new active case was discovered. In addition one ex-patient was also re-admitted for further treatment. The guests and staff of all the Provincial Nursing Homes were examined again this year. A total of 2791 x-rays were taken and no new active cases were discovered.

The Hospital Admission x-ray programme was continued in 1960. Altogether 131 hospitals participated in the programme and 61,464 x-rays were taken. A total of 37 new active cases were discovered. This is equivalent to a rate of 1:2049 for 1959. In spite of the fact that more and more hospitals are joining this programme, fewer x-rays are taken each year. This is due to the fact that an increasing number of small hospitals are participating in this programme, and a few of the larger hospitals have dropped out. The table below shows the number of x-rays taken under this programme during the past five years, together with the number of active cases of tuberculosis that have been discovered:

ACTIVE PULMONARY LESIONS




1958 - 1959

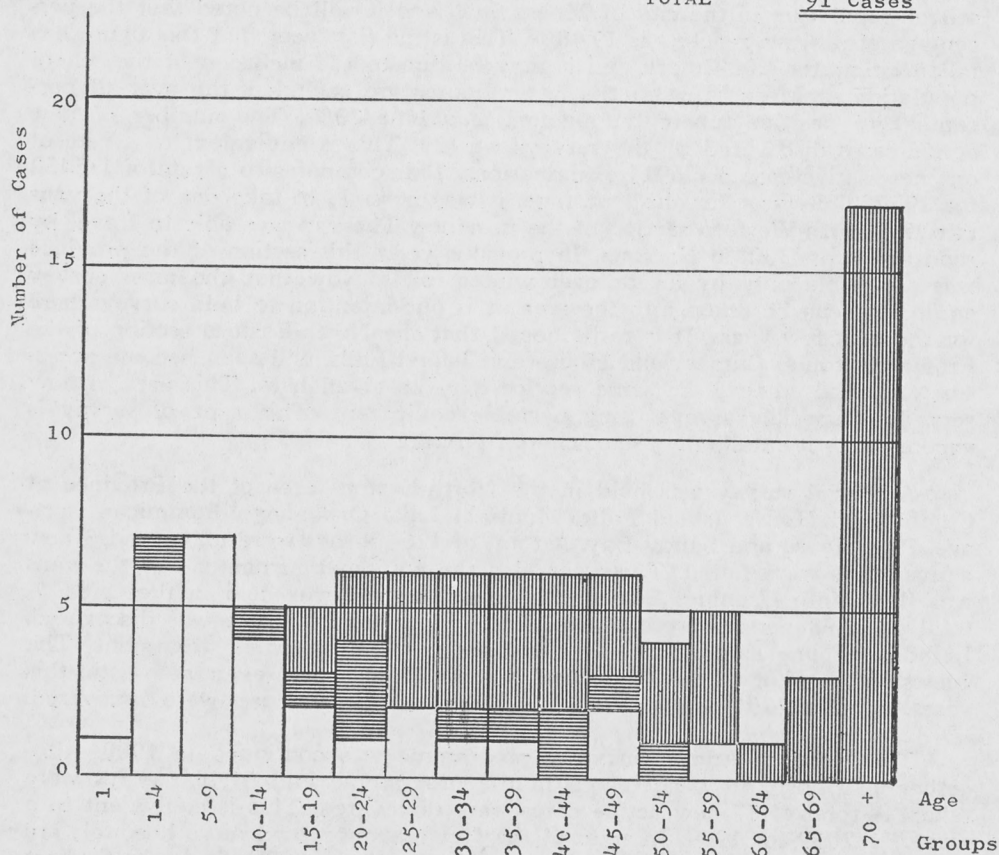
FORT SAN ZONE

WITH RECORD OF PREVIOUS EXAMINATION

BY X-RAY OR TUBERCULIN

LEGEND:-

	Previous Negative Tuberculin	28 Cases
	Previous Negative X-Rays	12 Cases
	Showing Evidence of Previous Disease	51 Cases
TOTAL		<u>91 Cases</u>



Year	Number of X-rays	Number of active cases discovered	Ratio
1955	70,192	45	1:1560
1956	73,243	44	1:1665
1957	74,959	46	1:1629
1958	64,214	47	1:1366
1959	65,558	32	1:2049
1960	61,464	37	1:1661

In 1960 the League co-operated with the Federal Government and the Department of Health of the Provincial Government in accepting the responsibility for treatment of tuberculous refugees from displaced persons camps in Europe. Altogether we received nineteen patients for treatment. The first group arrived on January 21st and included ten patients, the second group of nine arrived on August 2nd. Each group was admitted to the sanatorium until the activity of their disease was determined. Those that were considered to have inactive disease were discharged, the remainder were detained for treatment. Altogether 10 cases, 5 from each group were considered to have active tuberculosis; at the end of the year there were still seven patients under treatment in the sanatorium. During the year this special group accounted for 2680 days of treatment. An adult education class in basic English was established soon after the arrival of the first group. These classes have been worthwhile as most of the refugees have acquired a basic understanding of the English language before being discharged from the sanatorium.

In 1960, 13,621 Indian x-rays were interpreted by the staff of the sanatoria, and 27 new cases of active tuberculosis were discovered. Of this number, 13,316 films were taken by the Department and the remainder by the League.

During the year three resignations were received from the Medical Staff. Doctor Earl resigned from the Prince Albert Medical Staff and his place was taken by Doctor Saurez until the end of the year. Doctor Henschel resigned from the Medical Staff of the Saskatoon Sanatorium. His knowledge and enthusiasm will be greatly missed as will the valuable services of his wife, Doctor Ann Henschel, who administered most of the anaesthetics at the Saskatoon sanatorium. Fort San lost the services of Doctor Romeyn, who resigned at the end of the year to join the Research staff of the Medical College at the University of Manitoba. Doctor Romeyn and his family will be missed at Fort San and also in the community of Fort Qu'Appelle.

In addition to the changes in the Medical Staff we were also unfortunate in receiving the resignation of Miss Flora Logan as Superintendent of Nurses at the Prince Albert Sanatorium. Miss Logan has filled this position since 1954. Her position is being temporarily filled by Mrs. Anderson, who has agreed to carry on in this office until the Prince Albert Institution is closed as a Tuberculosis Hospital.

Doctor C. F. Bennett was absent on sick leave for four months during 1960. He was able to return to full-time work again in August. We were fortunate in having Doctor Orr take charge of the Regina, Moose Jaw and Swift Current clinics during Doctor Bennett's absence.

The special committee established by the League and the Provincial Department of Health to study the future of tuberculosis in the Province completed its work in time to submit a report to the Board of Directors of the League in August, 1960. At a special Board Meeting in October the Board of Directors made the decision to discontinue operating the Prince Albert sanatorium as a Tuberculosis Institution. This property will now revert to Government control in order that it may be utilized for some other purpose. It is expected that a Tuberculosis Clinic will be established in Prince Albert to carry on the preventive work in this area.

Summary of Medical Services

The various medical services of the League, including treatment, diagnosis, follow-up, examinations of Indians, examination of Teachers' College students, school children, nurses, and the reading of hospital admission x-rays when taken together comprise a total of 315,900 persons who had medical advice during the year. Of this number, 275,894 were examined by the Medical Staff of the League; 1360 persons were examined by Family Physicians at the request of the League; 13,621 Indians were examined in association with the Indian Health Services; and 25,025 admission x-rays for city hospitals and clinics were examined by outside radiologists. There was an increase of 37,487 examinations carried out by the Medical Staff of the League—275,894 in 1960, compared to 238,407 in 1959.

Miniature X-ray Surveys (Community)

During the year 1960, 117,024 persons received a miniature film; 83,482 persons were not x-rayed because of a negative tuberculin and because they were under the age of 20. Out of this total of 200,506, twenty-nine new active cases were found. This is equivalent to a rate of 0.145 per 1,000 persons examined, or one new case in every 6,914 examinations.

For further details concerning the miniature x-ray surveys for 1960 see Table XXIII.

Class of New Patients Discovered

The proportion of early cases to moderately advanced and far advanced, among the new cases of active pulmonary tuberculosis discovered in 1960 was as follows:

PULMONARY TUBERCULOSIS

Years	Minimal	Moderately Advanced	Far Advanced
1959	45.64%	35.57%	18.79%
1960	53.63%	29.05%	17.32%

The proportion of adult pulmonary cases under treatment in the sanatoria on December 31, 1960, who have had positive sputa since admission and would have been spreaders of infection had they not been hospitalized was as follows:

Adult Pulmonary Cases	225
Adult Pulmonary Cases with Positive Sputa	156 or 69.3%

The number of new active cases admitted during the year was 192; the number of re-admissions (and this includes a small number of first admissions among previously known cases) was 99. The new cases admitted constituted 65.98% of all admissions; and re-admissions 34.02%. This compares with 60.21% and 39.79% in 1959.

There were 208 new cases of active tuberculosis discovered in 1960, both pulmonary and non-pulmonary—16 more than in 1959.

The percentage of non-pulmonary new cases discovered during the past year was 13.94% compared with 22.39% in 1959.

Of the new cases of active tuberculosis discovered in 1960, 16 or 7.69% were treated or observed outside the sanatoria.

Stationary Clinics

The following Table shows the total number of examinations made at the Clinics for the past two years. There was a decrease of 553 in the total number examined.

In 1960, 16 new active cases were discovered among 1,031 first examinations—a percentage of 1.55%. This compares with 19 new active cases found in 1959 among 1,147 first examinations, a percentage of 1.65%.

There were in addition 9 new active cases found among persons previously examined. This compares with 10 new active cases found in 1959 among persons previously examined.

	1959	1960
Regina	2659	2451
Moose Jaw	697	582
Swift Current	360	297
Yorkton	461	313
Canora	178	186
North Battleford	312	261
Tisdale	77	86
Melfort	62	73
Meadow Lake	161	159
Wadena	12	18
TOTAL	4979	4426

Review of Ex-Patients

During the year 3575 review examinations of ex-patients were carried out by various services of the League, and 99 were re-admitted for treatment.

Contacts

During 1960, a total of 4967 contact examinations was made, compared with 4,633 in 1959. The incidence of new active disease found among the entire group of 4,967 contacts was 1.89%.

	New Cases		Review Cases		Total	
	1959	1960	1959	1960	1959	1960
Family Physicians	355	732	546	628	901	1360
Clinics	616	521	1653	1297	2269	1818
Sanatoria	493	694	970	1095	1463	1789
	1464	1947	3169	3020	4633	4967

Summary of Preventive Work:

- 4,571 Examinations were made at the three sanatoria clinics
- 4,426 Persons were seen at the other Stationary Clinics.
- 117,024 Persons were x-rayed in Miniature X-ray Surveys (in addition 168,781 tuberculin tests were given).
- 83,482 Persons under 20 years tuberculin tested and had negative reactions (not x-rayed).
- 423 Persons were examined at Saskatchewan Teachers' College, Regina.
- 526 Persons were examined at Saskatchewan Teachers' College, Saskatoon.
- 1,130 Persons were examined at University Summer School, Saskatoon.
- 1,362 Persons were examined in School Surveys.
- 2,791 Persons were examined in Nursing Homes.
- 5,998 Persons examined in Miscellaneous Surveys.
- 1,109 Nurses were examined in Hospitals.
- 1,360 Contacts were examined by Family Physicians.
- 3,273 Non-Treaty persons were examined.
- 13,316 Indian Films were read by the League Staff in co-operation with the Indian Health Services.
- 210 Staff and staff families at Indian Schools, Reserves and Hospitals.
- 63,399 Hospital and Medical Arts Clinic admission films taken and interpreted by League's staff, and Radiologists.

304,400

This is an increase of 35,164 examinations over 1959.

This service cost \$200,774.50.

Length of Treatment

The average period of treatment of the tuberculosis cases discharged in 1960 was 12.08 months.

Examination of Indians

During 1960 the Indian children in the Lebreton, Duck Lake, and Prince Albert Residential schools were examined, a total of 929. Among these 929 children examined, no new active cases were found.

12,387 Indians (adults, pre-school and day school children) were examined at the following reserves: Beardsy's, Big River, Black Lake, Canoe Lake, Clear Lake, Co-op Point, Cowesses, Cree Lake, Cumberland House, Dillon, Fond du Lac, Gordon, Kahkawistahaw, Keeseekoose, Key, Kinistino, James Smith, John Smith, Joseph Bighead, LaLoche, La Ronge, Little Island, Little Pine, Little Red River, Loon Lake, Meadow Lake, Mistawasis, Montreal Lake, Moosomin, Mosquito, Muskeg Lake, Nut Lake, Ochawapace, One Arrows, Onion Lake, Patuanak, Pelican Lake, Pelican Narrows, Piapot, Poorman's, Poundmaker, Red Earth, Red Pheasant, Sakimay, Sandy Lake, Saulteaux, Shoal Lake, South End Reindeer, Standing Buffalo, Stony Lake, Sturgeon Landing, Sturgeon Lake, Sweetgrass, Thunderchild, Uranium City, Waterhen, Whitebear, Witchigan Lake, Wollaston Lake.

Among this group of 12,387, there were 27 who required treatment, or 0.22%.

The usual fine co-operation of the Indian Health Services was obtained throughout the year.

Admission X-rays

The following table gives the number of admission x-rays taken by various hospitals during 1960. The figures in brackets indicate the number of new active cases of tuberculosis discovered.

Hospital	No. of x-rays	Hospital	No. of x-rays
Arborsfield	(0) 94	Eastend	(0) 114
Assiniboia	(0) 382	Edam	(0) 57
Balcarres	(0) 711	Elrose	(0) 125
Beechy	(0) 140	Esterhazy	(0) 654
Bengough	(0) 136	Estevan	(0) 1460
Bienfait	(0) 236	Eston	(0) 485
Biggar	(0) 488	Fillmore	(0) 421
Big River	(0) 268	Foam Lake	(0) 113
Birch Hills	(0) 110	Frontier	(0) 72
Broadview	(1) 430	Goodsoil	(0) 334
Buffalo Narrows	(0) 16	Gravelbourg	(0) 672
Cabri	(0) 210	Green Lake	(0) 6
Canora	(0) 1101	Grenfell	(0) 175
Carrot River	(1) 277	Gull Lake	(0) 155
Central Butte	(0) 278	Hafford	(1) 317
Climax	(0) 17	Herbert	(0) 542
Coronach	(0) 31	Hodgeville	(0) 62
Cudworth	(0) 437	Hudson Bay	(0) 159
Cumberland House	(0) 17	Humboldt	(0) 579
Cupar	(0) 239	Ile a la Crosse	(4) 636
Delisle	(0) 50	Imperial	(0) 198
Dinsmore	(0) 126	Indian Head	(0) 445
Doddsland	(0) 74	Invermay	(0) 31

Hospital	No. of x-rays	Hospital	No. of x-rays
Kamsack	(0) 321	Preeceville	(2) 541
Kelvington	(0) 237	Prelate	(0) 85
Kerrobert	(0) 268	Prince Albert	
Kindersley	(0) 412	Holy Family	(1) 2273
Kipling	(0) 431	Prince Albert Victoria	(0) 1896
Kyle-White Bear	(0) 104	Qu'Appelle	(0) 257
LaFleche	(0) 233	Quill Lake	(0) 79
Lampman	(0) 244	Rabbit Lake	(0) 55
Langenburg	(0) 586	Radville	(0) 390
LaRonge	(2) 143	Redvers	(1) 332
Lashburn	(0) 121	Regina General	(6) 10628
Leader	(0) 188	Regina Grey Nuns	(0) 541
Leoville	(2) 239	Rockglen	(0) 31
Lestock	(0) 811	Rose Valley	(0) 258
Lloydminster	(0) 18	Rosthern	(0) 413
Loon Lake	(1) 367	Saltcoats	(0) 33
Lucky Lake	(0) 144	Sandy Bay	(0) 11
Macklin	(0) 252	Saskatoon University	(0) 5441
Maidstone	(0) 240	Shaunavon	(0) 321
Mankota	(0) 147	Shellbrook	(1) 290
Maple Creek	(0) 780	Smeaton	(3) 221
Melfort	(0) 1087	Spiritwood	(0) 73
Melfort	(0) 780	Swift Current Union	(0) 360
Melville	(1) 944	St. Walburg	(0) 123
Midale	(0) 29	Stony Rapids	(0) 4
Montmartre	(0) 146	Theodore	(0) 16
Moose Jaw Providence	(0) 1098	Tisdale	(0) 245
Moose Jaw Union	(2) 853	Turtleford	(2) 245
Moosomin	(0) 340	Unity	(0) 449
Mossbank	(0) 245	Uranium City	(0) 89
Neilburg	(0) 285	Val Marie	(0) 88
Nipawin	(0) 1276	Vanguard	(0) 312
Nokomis	(0) 297	Wakaw	(1) 558
Norquay	(0) 174	Watrous	(0) 348
North Battleford Sask.		Watson	(0) 114
Hospital	(2) 1833	Wawota	(0) 165
North Battleford		Weyburn	(0) 97
(Notre Dame)	(1) 1438	Whitewood	(1) 173
Outlook	(0) 199	Wilkie	(0) 2
Oxbow	(0) 172	Willowbunch	(0) 63
Pangman	(0) 60	Wolseley	(0) 558
Ponteix	(1) 141	Wynyard	(0) 341
Porcupine-Carragana	(0) 546	Yorkton	(0) 1262
Portage la Loche	(0) 164	Zenon Park	(0) 208

TOTAL NUMBER OF X-RAYS 61464 (37—including 11 Indians)

It will be seen from the above that the incidence of new active cases is one in every 1661 hospital admission films.

In addition, 1935 admission x-rays were taken at the Medical Arts Clinic in Regina. No new active cases of tuberculosis were discovered.

Examination of Students in Teachers' College

During the year 1960, the students at the Teachers' College in Regina and Saskatoon were examined.

In the Regina group, 317 students were tuberculin tested. 12 had a positive tuberculin reaction on account of previously having had B.C.G. vaccine. Of the remainder, 3.9% were positive tuberculin reactors.

In the Saskatoon group, 526 students were tuberculin tested. 17 had a positive tuberculin reaction on account of previously having had B.C.G. vaccine. Of the remainder, 9.6% were positive tuberculin reactors.

No new active cases were discovered in the entire group of students.

The arrangement made through the co-operation of the Department of Education and the teachers, for the examination for tuberculosis of all the teachers in the schools of Saskatchewan in the clinics of the League, is progressing satisfactorily. It is important that both the teachers and pupils be protected against the spread of the disease.

Co-operation of Teachers

We wish to express our appreciation and gratitude to the teachers for their co-operation in the preventive work of the League. They are the basic group that will instill among the children of the province the role of prevention.

Forty-four medical students from the University of Saskatchewan attended lectures and clinics at the Saskatoon Sanatorium during the year.

Affiliation Course in Tuberculosis Nursing

This course for student nurses was continued at both Saskatoon and Fort San during 1960.

At Fort San during the year 167 students attended the affiliation course, while at Saskatoon 135 students received instruction in tuberculosis nursing and prevention. Each course is of four weeks' duration and for the most part the majority of students expressed favourable comments regarding this period of affiliation.

The Regina General Hospital has discontinued sending student nurses to the affiliation course. The reason given was the recent introduction of a two-year nursing course for students rather than the customary three years. Apparently the present curriculum under the two-year programme at the Regina General Hospital does not allow sufficient time to permit the students to attend the course at Fort San.

During the year Miss Marcoux resigned as clinical instructress in charge of the affiliation course in Saskatoon. We were fortunate in obtaining Miss G. Callin who has had excellent teaching experience in the training school office at the Winnipeg General Hospital.

Mrs. Shorten, the clinical instructress at Fort San, resigned as of December 31, 1960. She has been replaced by Mrs. Skinner who has been on the nursing staff at Fort San for some time.

B.C.G. Vaccination

The total number of vaccinations done by the League in 1960 was 1435. This compares with 1142 done in 1959.

The number of B.C.G. vaccinations reported to the League in 1960 by the Saskatchewan Hospitals at Weyburn and North Battleford, and the Saskatchewan Training School at Moose Jaw, totals 579. The number of B.C.G. vaccinations carried out by the Indian Health Services in 1960 was 269.

Financial

During the year 1960, 157,919 days' treatment were given in sanatoria and hospitals, compared with 166,299 days during the preceding year—a decrease of 8380.

The per diem cost of treatment advanced to \$12.097 in 1960 from \$11.772—an increase of \$0.325 per patient day.

The net cost of treatment was \$1,910,460.55 compared with \$1,957,681.03, a decrease of \$47,220.48.

Municipal Levies

The total levy collections during the year were \$1,077,994.02. Levies outstanding as at December 31, 1960, were \$4,167.60.

Borrowings

Borrowings of the League as at December 31, 1960, were \$50,000.00—a figure identical with that of the Borrowings as at December 31, 1959.

Acknowledgments

Again this year it is a pleasure to express our appreciation to the many individuals and organizations who have so willingly given of their time and talent to further the aims of the Saskatchewan Anti-Tuberculosis League. The Associated Canadian Travellers continue to support our preventive campaign. The urban and rural councillors gave their usual excellent support to our summer surveys. The medical profession individually and as a group gave active support to our campaign and without them we would be hard pressed to carry on the extensive programme that we have developed. In addition there are many other groups, such as the Health Officials, the women's organizations and the teaching profession that have continued to support our efforts of education, prevention and ultimate eradication of tuberculosis.

Appreciation is also expressed for the continued support that we have received from the medical superintendents, the medical staff, the lady superintendents, the department heads and from all the employees during the year 1960. This has been a particularly trying year for many of the employees because of the uncertainty that has existed regarding the future operation of the League.

It is also fitting that appreciation be expressed to the Board of Directors for the manner in which they have fulfilled their appointment to the Board during the present year.

Respectfully submitted,

G. D. BARNETT,
Director of Medical Services
and General Superintendent.

Dr. FERGUSON HONORED

Dr. R. G. Ferguson, Regina, is the recipient of the Charles Mickle Fellowship for 1961, the University of Toronto has announced.

The award is made to "that member of the medical profession who is considered by the Council of the Faculty of the University of Toronto to have done most during the preceding ten years to advance sound knowledge of a practical kind in medical art or science."

The fellowship consists of the interest on \$29,000 bequeathed by the late Dr. W. H. Mickle.

Dr. Ferguson was formerly medical director of the Saskatchewan Anti-Tuberculosis League and medical superintendent of Fort San. He is a past president of the Canadian Tuberculosis Association and served many years on the management committee.

He was a pioneer in many phases of tuberculosis programme. His studies in the use of BCG had world-wide recognition. He was first to organize mass chest X-ray surveys. His leadership inspired Saskatchewan in 1929 to adopt free treatment for tuberculosis. On his retirement he summarized his experience in a book **Studies in Tuberculosis**, published by the University of Toronto Press.

News of the award will delight thousands of ex-patients and colleagues not only in Canada but around the world.

SUMMARY OF MEDICAL SERVICES—THREE SANATORIA—YEAR 1960

		Rural	Urban	L.I.D.	North	D.I.A.	D.V.A.	Yukon	Refug.	Total	1959
RECEPTION CARDS	Fort	626	677	1	2	28	42	—	21	1397	1381
	S'toon	328	1771	9	7	44	158	—	1	2318	1772
	P.A.	288	555	50	68	455	29	—	—	1445	1369
	Total	1242	3003	60	77	527	229	—	22	5160	4522
(1) Admissions	Fort	44	105	—	2	20	3	—	20	194	156
	S'toon	57	105	4	6	26	7	—	1	206	214
	P.A.	19	30	3	37	81	2	—	—	172	143
	Total	120	240	7	45	127	12	—	21	572	513
(2) Diagnosis	Fort	123	160	—	—	3	—	—	—	286	248
	S'toon	112	651	1	—	8	1	—	—	773	621
	P.A.	40	99	10	5	108	—	—	—	262	244
	Total	275	910	11	5	119	1	—	—	1321	1113
(3) Reviews	Fort	459	412	1	—	1	39	—	1	913	973
	S'toon	159	1010	3	1	9	150	—	—	1332	932
	P.A.	229	426	37	26	266	27	—	—	1011	982
	Total	847	1848	41	27	276	216	—	1	3256	2887
(4) Pneumothorax or Pneumoperitoneum or Special Treatment	Fort	—	—	—	—	4	—	—	—	4	4
	S'toon	—	5	1	—	1	—	—	—	7	5
	P.A.	—	—	—	—	—	—	—	—	—	—
	Total	—	5	1	—	5	—	—	—	11	9
DISCHARGES	Fort	634	689	1	2	22	45	2	14	1409	1410
	S'toon	318	1765	6	10	42	160	—	1	2302	1757
	P.A.	293	550	51	77	445	31	—	—	1447	1440
	Total	1245	3004	58	89	509	236	2	15	5158	4607
PATIENTS on STRENGTH as at December 31, 1959 ...	Fort	30	79	—	—	3	6	2	—	120	
	S'toon	25	61	1	4	11	5	—	—	107	
	P.A.	21	22	3	35	77	3	—	—	161	
	Total	76	162	4	39	91	14	2	—	388	
PATIENTS on STRENGTH as at December 31, 1960 ...	Fort	22	67	—	—	9	3	—	7	108	
	S'toon	35	67	4	1	13	3	—	—	123	
	P.A.	16	27	2	26	87	1	—	—	159	
	Total	73	161	6	27	109	7	—	7	390	
Hospital Days for the year 1960	Fort	12318	30485	1	202	1509	1754	236	2630	49135	51371
	S'toon	12712	26060	896	773	3315	1484	1	50	45291	39293
	P.A.	7532	10448	967	12374	31077	1095	—	—	63493	75635
	Total	32562	66993	1864	13349	35901	4333	237	2680	157919	166299

Christmas Seal Report

1960

To the President, Trustees and Members of the
Saskatchewan Anti-Tuberculosis League.

The thirty-third Christmas Seal Campaign for the calendar year 1960 realized a total of \$154,437.89, an increase of \$419.63 compared with the prior year.

The Canadian Tuberculosis Association reports that the 1960 campaign across Canada, ending February 28, 1961, showed a decrease of .56%. Saskatchewan showed a decrease of \$2,520.00 or 1.7%. Their figures indicate Saskatchewan ranks seventh considered on a return per capita basis—16.3c per capita, the average for Canada is 17.6c. Considering the average return per letter sent, we rank first with 98c and for average return per contributor we stand second with \$2.23.

Statement of Income and Expenditure, Christmas Seal Campaign, for Calendar Years 1960 and 1959

<i>Income</i>	1960	1959
Christmas Seal Campaign	\$154,437.89	\$154,018.26
<i>Expenditure</i>		
Christmas Seal Supplied (C.T.A.)	\$10,851.43	\$11,320.63
Education Tax on Supplies	282.38	312.94
Salaries	12,174.80	11,992.05
Postage	8,482.57	6,766.79
Printing, Directories, Express and Sundry	1,008.49	945.06
Total Expenditure	\$32,799.67	\$31,337.47
Net Income—Christmas Seal Campaign	\$121,638.22	\$122,680.79

The Associated Canadian Travellers contributed \$20,501.51 to the League's Preventive Fund during the calendar year 1960, a figure almost identical with the \$20,255.30 contributed the previous year.

The Christmas Seal net income, the A.C.T. contributions, the Endowment Trust Fund Earnings and miscellaneous income in all totalled \$160,709.98. Expenditure of the League's Preventive Fund including mass surveys, stationary clinics, TB research, etc., totalled \$196,026.91 during 1960. The resulting deficit of \$35,316.93 was transferred to the Dominion Health Grants Fund which showed a balance of \$110,243.83 at December 31, 1960, enabling the League maintain a high surveillance level of tuberculosis which is so necessary for continued progress against this disease.

The following table shows the cumulative total of voluntary funds raised for tuberculosis prevention in Saskatchewan by Christmas Seals and the A.C.T. Campaigns:

Cumulative Net Receipts of Christmas Seal Campaign and the A.C.T. Tuberculosis Preventive Fund

	Christmas Seal Campaign (started in 1928)	A.C.T. Campaign (started in 1934)	Total Net Receipts
Cumulative Receipts to			
Dec. 31, 1959	\$1,361,896.02	\$925,616.51	\$2,287,512.53
Net Receipts for Year ended Dec. 31, 1960	121,638.22	20,501.51	142,139.73
Total to Dec. 31, 1960	\$1,483,534.24	\$946,118.02	\$2,429,652.26

The Associated Canadian Travellers

The annual inter-club competition for the Hotel's Trophy and the Eiler's Trophy for raising the most money and the highest per member amount, saw the Hotel's Trophy awarded to the Saskatoon Club for the fourth consecutive year and the Eiler's Trophy to the Yorkton Club for the eighth time in as many years. The Saskatoon Club raised \$9,203.29 during the 1959-60 campaign, and Yorkton's cheque was for \$6,490.70 or \$92.65 per member.

Mr. Vic Colleaux, Vice-President of the Hotel's Association, presented the Hotels Trophy to Glen Smith, the Tuberculosis Fund Chairman of the Saskatoon Club, at a dinner in honor of the occasion on October 28, 1960. Mr. W. H. Howes, Vice-President, directors Dr. H. D. Hart and Mr. R. D. Phillips, and Dr. A. R. McPherson, Saskatoon Sanatorium Superintendent, were guests at the dinner representing the League.

I had the pleasure of presenting the Eilers Trophy to Mr. Ed. Malinsky, the Yorkton Club's TB Chairman, at the Grand Finale Amateur Show in Yorkton on February 18, 1961. In the afternoon Mr. Malinsky and I took part in a TV interview on CKOS-TV, Yorkton, which I think was well worthwhile from a health education standpoint. Dr. Barnett presented Mr. Bill Stubbings, past president and TB Chairman of the Yorkton Club with a certificate of Life Membership in the League during the broadcast portion of the show. President John Harasyn accepted a Life Membership certificate on behalf of Mrs. E. T. Yaworski of Rama, who was unavoidably absent.

Any organization which for 27 years has given selfless service to the cause of eliminating suffering and disease, that has raised almost a million dollars, and has successfully promoted the tuberculosis preventive program, deserves grateful acknowledgment from the people of Saskatchewan and from the League. Their contribution will go down in history as one of the outstanding voluntary achievements in the health field. To all the travellers who have, with great enthusiasm and skill, achieved this enviable humanitarian record, my committee expresses sincere congratulations and grateful thanks. We are all well aware that the radio stations, CKBI, Prince Albert, CFQC, Saskatoon, CJGX, Yorkton, CHAB, Moose Jaw, CKRM, Regina and CFSL Weyburn, have been partners in the A.C.T.'s outstanding contribution to TB prevention. Their interest and generosity in making hundreds of hours of free radio time available for the production of amateur shows which at commercial rates would represent a donation of over a quarter of a million dollars, has been a unique expression of public service, and is deeply appreciated. To the staff of the radio stations, the managers, announcers and engineers, who have all contributed so much to the success of these shows, we express sincere thanks.

Rural Municipal Secretary-Treasurers

This group who play a key role in the success of our preventive program, have also taken a keen interest in the Christmas Seal Campaign ever since 1939, and have raised a total of \$58,964.32. In their last campaign, ended May 11,

1961, they raised \$2,075.81. The Pohlmann Trophy was presented to Division 3 in recognition of top place among the six divisions competing for the cup. Mr. H. L. Hammel, Director of Division 3, accepted the trophy—the secretaries in his division had raised \$615.75. The award to the individual secretary raising the highest total in the campaign was presented to myself, having forwarded \$350.75 to the Christmas Seal Fund.

Special Christmas Seal Campaigns

I am grateful to Dr. Howard D. Hart and Dr. Walter Hancock for their appeal to the medical doctors and the dentists in connection with the Christmas Seal Campaign, resulting in contributions of \$2,928.80 and \$747.50 respectively.

The Maple Creek Chamber of Commerce again conducted the Christmas Seal Campaign in the Maple Creek district, realizing \$905.00 compared to \$803.00 in the 1959 campaign. Mr. J. A. Stewart, President, and all members of the Maple Creek Chamber of Commerce are to be commended for their interest and successful efforts on behalf of the Christmas Seal Committee.

The Lloydminster Kinsmen continued their support of the Christmas Seal Committee by conducting the campaign successfully in Lloydminster and the immediate district. It is a pleasure to report a substantial increase from \$1,099.58 in 1959 to \$1,435.65 in their campaign just past. My committee appreciates very much the continued support of the Lloydminster Kinsmen, and wishes to thank them for their help, and in particular, their Christmas Seal Chairman, Mr. W. Phillips.

Other Acknowledgements

We greatly appreciate the support received from the many thousands of people who contributed to the League's Preventive Fund through the Christmas Seal Campaign and the A.C.T. radio amateur shows during the past year. There are thousands of public-spirited people who gave generously of their time and talent to organize the community TB surveys with such obvious success. We are particularly indebted to the rural councils for the excellent job they have done in getting the rural folk out to these surveys so well.

The League is grateful to the daily and weekly newspapers, the radio stations, and the television stations, for the effective support they gave to the Christmas Seal Campaign and the League's preventive program during the past year. They contributed a great deal to the success of the League's work. We also acknowledge the support given by the I.O.D.E., the Homemaker's Clubs, the Royal Canadian Legion, the Legion Auxiliaries, the clergy, the theatres, and the many organizations and individuals during the past year. This is deeply appreciated.

All of which is respectfully submitted,

F. W. POHLMANN,
Chairman,
Christmas Seal Committee.

ANNUAL REPORT

Saskatchewan Anti-Tuberculosis League, 1960

A statistical summary of the medical services of the Saskatchewan Anti-Tuberculosis League, which includes the Clinics, Travelling Consultation Service, and the Surgical, Radiological, Physiotherapy and Laboratory Departments. The number of new cases of tuberculosis discovered, and the types of lesions found are shown—these cases are classified as to age, sex, marital state, racial origin, and occupation. The results of treatment are given and Follow-up reports presented. Indians are excluded from Table X to XXII inclusive.

TABLE I
SUMMARY OF MEDICAL SERVICES, 1960

1960	Fort San	Saskatoon	Prince Albert	Total	No. New Active	% New Active
Sanatorium Services:						
(Based on Reception Cards)						
Patients in residence December 31, 1959	120	123	161	404		
Patients referred direct for treatment	194	206	172	572		
Suspects referred for diagnosis	109	446	72	627	40	3.10
Contacts referred for diagnosis	177	327	190	694		
Patients referred for review examination	913	1332	1011	3256	11	0.34
Patients referred for pneumothorax, pneumoperitoneum, or Special Treat- ments	4	7		11		
TOTAL	1517	2441	1606	5564		
Outside Preventive Services:						
Clinics (Stationary):						
Suspects referred for diagnosis	370	6	49	425	16	1.55
Contacts referred for diagnosis	490	—	116	606		
Contacts referred for review examination	1101	1	195	1297	10	0.307
Patients referred for review examination	1733	11	219	1963		
Pneumothorax, pneumoperitoneum, or Special Treatments	135	—	—	135		
Miscellaneous:						
Hospital staff x-rays read by Sanatoria staff	978	197	958	2133		
Hospital admission x-rays read by Sana- toria staff	19824	5806	12744	38374	28	0.073
Hospital admission x-rays read by hospi- tal radiologists	13480	5441	4169	23090	9	0.039
Medical Clinic admission x-rays read by Clinic staff	1935	—	—	1935		
Outside films read by Sanatoria staff	3915	678	461	5054	12	0.237
Sanatoria staff examinations	579	532	304	1415		
Hospital nurses examined	838	225	46	1109		
Contacts examined by family physicians:						
New	559	173	—	732		
Review	611	17	—	628		
Indians:						
Staff and staff families at Indian schools, reserves and hospitals	142	5	63	210		
Indians examined in Boarding Schools (x-rays)	301	—	628	929	27	0.203
Indians examined in Day Schools and Reserves (x-rays)	3156	196	9035	12387		
Indians examined at Sanatorium—Out- patients	305	—	—	305		

TABLE I (Continued)
SUMMARY OF MEDICAL SERVICES, 1960

1960	Fort San	Saskatoon	Prince Albert	Total	No. New Active	% New Active
Special Surveys:						
Teachers' College, Regina (tbn. and f)	423	—	—	423		
Teachers' College, Saskatoon (tbn and f)	—	526	—	526		
University Summer School (f)	—	1130	—	1130		
Caronport Bible Institute (f)	661	—	—	661		
Sacred Heart Academy, Regina (tbn and x-ray)	235	—	—	235		
Teachers' Summer School, Fort Qu- 'Appelle (x-ray)	67	—	—	67		
Drinkwater School (tbn)	146	—	—	146		
Lestock Public School (tbn)	136	—	—	136		
School for the Deaf, Saskatoon (tbn and x-ray)	—	117	—	117		
Simpsons-Sears, Regina (f)	799	—	—	799		
Robert Simpson Ltd., Regina (f)	383	—	—	383		
T. Eaton Co. Ltd., Regina (f)	301	—	—	301		
Auto Electric Service Ltd., Regina (tbn and f)	36	—	—	36		
Regina Gaol (f)	189	—	—	189		
C.N.I.B., Saskatoon (x-ray)	—	27	—	27		
Medical Students, Saskatoon (tbn and x-ray)	—	45	—	45		
Hudson Bay Co., Saskatoon (tbn and x-ray)	—	28	—	28		
Hudson Bay Co., Saskatoon (f)	—	190	—	190		
T. Eaton Co. Ltd., Saskatoon (f)	—	413	—	413		
Prince Albert Gaol (f)	—	—	173	173		
Prince Albert Penitentiary (f)	—	—	725	725		
T. Eaton Co. Ltd., Prince Albert (f)	—	—	91	91		
Uranium City (f)	—	—	1430	1430	1	
Gunnar Mines (f)	—	—	673	673		
Eldorado (f)	—	—	495	495		
Nursing Homes (x-ray)	1477	864	450	2791		
Films read by Sanatoria Staff of:						
Saskatchewan Hospital, Weyburn	1600	—	—	1600		
Non-treaty persons examined by League at:						
Beauval (f)	—	—	330	330	3	
Buffalo Narrows (f)	—	—	264	264		
Ile a la Crosse (f)	—	—	463	463		
Cumberland House (x-ray)	—	—	375	375	3	
Island Falls (x-ray)	—	—	70	70		
Montreal Lake Orphanage (x-ray)	—	—	70	70		
Pemmican Portage (x-ray)	—	—	211	211		
Pine House (x-ray)	—	—	205	205		
Sandy Bay (x-ray)	—	—	333	333		
by Northern Out-Post Hospitals	—	—	358	358	1	
by Indian Health Services at various reserves	—	—	594	594		
Miniature X-Ray Surveys	67818	26217	22989	117024	29	0.01446
Tuberculin Negative Persons not x-rayed				83482		
TOTAL				315900		

TABLE II
CITY CLINIC REPORT, 1960

1960	Regina	Moose Jaw	Swift Current	Yorkton	Canora	North Battleford	Tisdale	Melfort	Meadow Lake	Wadena	TOTAL
First Examinations:											
Pulmonary TB, Active	8	1	—	—	—	—	—	—	—	—	9
Pleurisy, Active	—	—	—	—	—	—	—	1	—	—	1
Non-pulmonary TB, Active ...	6	1	—	—	—	—	—	—	—	—	7
TB Inactive	24	5	5	3	—	13	5	2	7	2	66
TB Suspects	—	—	—	—	—	—	—	—	—	—	—
Diseases other than TB	21	67	10	11	3	5	7	—	4	—	128
Undiagnosed	—	—	—	—	—	2	—	—	—	—	2
No disease	528	115	24	24	4	41	25	18	35	4	818
TOTAL	587	189	39	38	7	59	39	21	46	6	1031
Review Examinations:											
Pulmonary TB, Active	23	5	1	6	4	3	1	3	8	—	54
Pleurisy Active	—	—	—	—	1	1	—	1	—	—	3
Non-pulmonary TB, Active ...	4	—	—	—	—	—	1	—	—	—	5
TB Inactive	839	195	138	169	89	127	38	35	73	12	1715
TB Suspects	—	—	—	—	—	—	—	—	—	—	—
Diseases other than TB	23	68	35	23	7	2	1	1	6	—	166
Undiagnosed	2	—	—	—	—	1	—	—	—	—	3
No disease	838	125	84	77	78	68	6	12	26	—	1314
Pneumothorax, Pneumoperi- toneum, or special treat- ments	135	—	—	—	—	—	—	—	—	—	135
TOTAL	1864	393	258	275	179	202	47	52	113	12	3395
TOTAL EXAMINED ...	2451	582	297	313	186	261	86	73	159	18	4426
Contacts included in above:											
New	251	110	21	19	4	37	29	13	37	0	521
Review	589	172	164	92	84	99	17	22	57	1	1297

TABLE IV
SANATORIA SCHOOL REPORT
(for the year ending June, 1960)

1960	Fort San	Saskatoon	Prince Albert	Total
Patients enrolled	42	19	63	124
Enrollment Grades				
I	4	6	23	33
II	6	4	7	17
III	6	3	6	15
IV	5	3	4	12
V	4	—	6	10
VI	6	2	6	14
VII	1	1	6	8
VIII	—	—	4	4
IX	1	—	—	1
X	3	—	—	3
XI	—	—	1	1
XII	—	—	—	—
English language	6	—	—	6
	42	19	63	124
Number of Teachers	2	1	2	5

TABLE VI
REPORT OF SURGICAL DEPARTMENTS — 1960

1960	Fort Pts.	San Trts.	Saskatoon Pts.	Saskatoon Trts.	Prince Albert Pts.	Prince Albert Trts.	Total Pts.	Total Trts.
Thoracic Operations and Procedures:								
Bronchography:								
with dionosil	16	8	52	66	—	—	68	74
Bronchoscopy:								
Successful	15	15	44	48	6	6	65	69
Unsuccessful	2	2	—	—	—	—	2	2
Sinograms	—	—	4	4	—	—	4	4
Esophagoscopy	—	—	1	1	—	—	1	1
Pneumothorax and Pneumoperitoneum	1	8	10	47	—	—	11	55
Thoracentesis:								
Diagnostic	17	17	6	6	3	3	26	26
Therapeutic	49	49	22	57	4	4	75	110
Thoracic Surgery:								
Pulmonary resections								58
Lobectomies	1	1	9	9	—	—	10	10
Lobectomy, segmental resection and wedge resection	—	—	1	1	—	—	1	1
Lobectomy, segmental resection and excision of node	—	—	1	1	—	—	1	1
Lobectomy and segmental resection	—	—	2	2	—	—	2	2
Lobectomy, wedge resection and excision of node	—	—	1	1	—	—	1	1
Lobectomy, osteoplastic thoraco- plasty, decortication and partial pleurectomy	—	—	1	1	—	—	1	1
Lobectomy and curettage of nodes	—	—	1	1	—	—	1	1
Segmental resections	—	—	22	22	—	—	22	22
Segmental resection and wedge	—	—	3	3	—	—	3	3
Segmental resection, osteoplastic thoracoplasty and excision of node	—	—	1	1	—	—	1	1
Segmental resection and excision of node	—	—	3	3	—	—	3	3
Segmental resection, wedge and ex- cision of nodes	—	—	1	1	—	—	1	1
Wedge resection and curettage of nodes	—	—	1	1	—	—	1	1
Segmental resection, removal of plombe and standard thoraco- plasty	—	—	1	1	—	—	1	1
Segmental resection and local ex- cision	—	—	1	1	—	—	1	1
Wedge resection and thoracotomy	1	1	—	—	—	—	1	1
Local excision and excision of Tb. abscess	—	—	4	4	—	—	4	4
Unroofing empyema	—	—	2	2	—	—	2	2
Unroofing empyema and wedge	—	—	1	1	—	—	1	1
Pneumonectomy	—	—	1	1	—	—	1	1
Osteoplastic thoracoplasty and cav- erotomy	—	—	1	1	—	—	1	1
Osteoplastic thoracoplasty	—	—	2	2	—	—	2	2
Modified Schede thoracoplasty	—	—	1	1	—	—	1	1
Orthopaedic Operations and Procedures:								
Spinal fusion	2	2	1	1	—	—	3	3
Plaster Casts:								
Lower extremity	1	1	—	—	3	3	4	4
Upper extremity	2	2	—	—	1	1	3	3
Plaster molds	—	—	1	1	—	—	1	1
Plaster spica	—	—	1	1	—	—	1	1
Re-application—plaster cast	—	—	3	4	—	—	3	4
Splint—lower extremity	—	—	1	1	—	—	1	1
Taylor brace	2	3	—	—	—	—	2	3
Memphis brace	1	1	—	—	—	—	1	1
Orthopaedic shoes	1	1	—	—	—	—	1	1

TABLE VI (Continued)
REPORT OF SURGICAL DEPARTMENTS — 1960

1960	Fort Pts.	San Trts.	Saskatoon Pts.	Trts.	Prince Pts.	Albert Trts.	Total Pts.	Trts.
Genito-Urinary Operations and Procedures:								
Cystoscopies	8	9	9	10	—	—	17	19
Urethral dilatation	—	—	3	4	—	—	3	4
Retrograde pyelograms	—	—	3	3	—	—	3	3
Cystoscopy and urethral catheter- ization and segregation of urine specimens and retrograde pyelo- grams	6	7	—	—	—	—	6	7
Re-insertion of catheter in post- nephrectomy	2	8	—	—	—	—	2	8
Salpinogram	1	1	—	—	—	—	1	1
Hystrogram	1	1	—	—	—	—	1	1
Tubal insufflation endometrial	1	1	—	—	—	—	1	1
Hystero-salpingography	1	1	—	—	—	—	1	1
Major Operations: Other								
Laparotomy	1	1	1	1	—	—	2	2
Appendectomy	2	2	1	1	—	—	3	3
Transurethral prostatic resection	1	1	—	—	—	—	1	1
Fulgurization of bladder hemorrhage	1	1	—	—	—	—	1	1
Excision of preauricular gland	2	2	—	—	—	—	2	2
Excision of lymph node	1	1	1	1	—	—	2	2
Posterior gastroenterostomy	1	1	—	—	—	—	1	1
Freeing of adhesions and repair of ventral hernia	1	1	—	—	—	—	1	1
Ear drum incised	—	—	—	—	1	1	1	1
Mastectomies	—	—	2	2	—	—	2	2
Partial gastrectomy	—	—	1	1	—	—	1	1
Excision and curettage of ileopsoas abscess	—	—	1	1	—	—	1	1
Hemorrhoidectomy and exploration of fistula	—	—	1	1	—	—	1	1
Prencic crush	—	—	2	2	—	—	2	2
Anaesthetics:								
General intravenous	—	—	24	31	—	—	24	31
General inhalation and intravenous ...	10	13	67	94	—	—	77	107
Local:								
Topical	42	48	53	71	—	—	95	119
Infiltration	43	115	20	36	—	—	63	151
Minor Procedures: Other								
CO ₂ slush	1	1	—	—	—	—	1	1
Pelvic examination	—	—	—	—	5	5	5	5
Rectal examination	—	—	—	—	2	2	2	2
Injuries treated (with sutures)	—	—	—	—	3	6	3	6
Removal of toenail	—	—	—	—	3	3	3	3
Removal of pterygium	—	—	—	—	1	1	1	1
Incision of finger	—	—	—	—	1	1	1	1
Boil incised	—	—	—	—	1	2	1	2
Spinal puncture	3	13	3	9	1	1	7	23
Aspirations—glands	—	—	2	2	5	6	7	8
Dilatation and curettage	—	—	1	1	—	—	1	1
Excision of:								
Mole	—	—	1	1	—	—	1	1
Papilloma	—	—	1	1	—	—	1	1
Sebaceous cyst	1	1	—	—	—	—	1	1
Lipoma	1	1	1	1	—	—	2	2
Scalene node biopsy	—	—	1	1	—	—	1	1
Biopsy of cervical lymph node	1	1	—	—	—	—	1	1
Resuturing of incision	—	—	1	1	—	—	1	1
Examination under anaesthesia and								
culdoscopy	—	—	1	1	—	—	1	1
Incision of abscess—buttocks	—	—	1	1	—	—	1	1
Paracentesis abdomen	2	3	—	—	—	—	2	3
Biopsy ankle	1	1	—	—	—	—	1	1
Dental operations	405	405	68	183	—	—	473	588
Outside streptomycin injections	2	13	—	—	—	—	2	13
Cryotherapy	1	1	—	—	—	—	1	1

TABLE VII
REPORT OF LABORATORY WORK CARRIED OUT DURING 1960

1960	Fort San	Saskatoon	Prince Albert	Total
Animal inoculations	239	886	54	1179
Basal metabolism tests	3	—	—	3
Blood:				
Bleeding and clotting time	1	5	5	11
Prothrombin time	—	28	—	28
Cell counts:				
Differential	271	501	239	1011
Red cells	92	51	240	383
White cells	370	502	240	1112
Platelet count	—	4	—	4
Total easoniphiles	—	2	—	2
Grouping:				
Routine	1	—	—	1
Cross matching for transfusions	—	437	—	437
Rh. grouping	1	76	—	77
Haemoglobin determinations	1445	926	787	3158
Sedimentation rate of red cells	1423	829	1770	4022
Blood Chemistry determination (whole blood, plasma or serum):				
Bilirubin	—	4	—	4
Bromsulphthalein	—	2	2	4
Calcium	—	4	2	6
Congo red	—	1	—	1
Chloride	—	2	—	2
Potassium	—	2	—	2
Thymol turbidity	—	14	—	14
Cephalin flocculation	—	14	—	14
Alkaline phosphatase	—	18	—	18
Phosphorus	—	1	—	1
Protein and A/G ratio	4	5	—	9
Sodium	—	1	—	1
Sugar	58	66	5	129
Urea Nitrogen	5	25	2	32
Cultures:				
Blood	—	4	—	4
Blood for typhoid and paratyphoid	2	—	—	2
for tubercle bacilli (routine culture)	1548	1731	825	4104
for fungi	—	17	—	17
for pyogenic organisms	—	—	23	23
for Miscellaneous organisms	—	252	—	252
Sterility tests—tuberculins	—	23	—	23
O.R. Autoclave	—	23	—	23
O.R. Water	—	26	—	26
Laboratory Autoclave	—	13	—	13
Faeces Examinations:				
For intestinal parasites	2	—	19	21
For occult blood	6	8	9	23
For tubercle bacilli	—	4	5	9
Fluids for specific gravity, cells, tubercle bacilli, etc.:				
Abdominal	2	—	—	2
Others	—	6	—	6
Cerebrospinal:				
Cell counts	—	—	23	23
Chlorides	—	2	—	2
Proteins	—	6	12	18
Sugar	—	6	12	18
Tubercle bacilli	7	13	23	43
Pleural	37	—	21	58
Synovial	4	—	6	10
Fluids for malignant cells	—	20	—	20
Miscellaneous fluids and swabs	—	33	—	33

TABLE VII (Continued)
REPORT OF LABORATORY WORK CARRIED OUT DURING 1960

1960	Fort San	Saskatoon	Prince Albert	Total
Gastric analysis	5	—	2	7
Glands for tubercle bacilli	—	8	—	8
Sensitivity Tests:				
Streptomycin	142	—	17	159
Isonicotinic Acid Hydræzide (INH) ...	142	—	17	159
Para-aminosalicylic Acid (PAS)	142	—	17	159
Seromycin	—	—	7	7
Viomycin	26	—	17	43
Cycloserine	26	—	—	26
For antibiotics	21	146	5	172
Serological:				
Kahn	471	213	243	927
Paul Bunnell	1	4	—	5
Widal	—	6	—	6
Anti-streptolysin titre	—	2	—	2
Smears of pus, etc.:				
for tubercle bacilli	11	—	54	65
for fungi	2	—	—	2
for gonococci	1	—	12	13
for pyogenic organisms	21	—	74	95
Gram stains (include Vincent's and gonococci)	—	330	—	330
Sputum:				
for tubercle bacilli:				
by bronchoscopic aspiration	3	39	3	45
by gastric lavage	437	296	127	860
by ordinary collection	3224	2100	2333	7657
for malignant cells	1	7	—	8
Urine:				
Routine analysis	1056	857	2383	4296
Cystoscopic specimens	33	12	7	52
Catheterized urine specimens	6	4	—	10
24-hour collection for tubercle bacilli	97	461	43	601
Ordinary collection for tubercle bacilli	82	—	84	166
Diabetic urine for sugar	Done on wards	Done on wards	86	86
Diabetic urine for acetone	Done on wards	Done on wards	82	82
Tests for bile, urobilinogen, urobilin, etc.	—	4	3	7
Reaction to PAS	203	—	124	327
Tissue Section:				
Lung	—	60	—	60
Operative material	—	80	—	80
Miscellaneous specimens	—	33	—	33
Butterfat test for cream or milk	53	—	—	53
Water hardness determination	191	—	—	191
Bacterial counts (dishes)	36	—	—	36

TABLE VIII
RADIOLOGICAL REPORT OF WORK DONE DURING 1960

1960	Fort San	Saskatoon	Prince Albert	Total
Cases	2983	5241	2555	10779
Films	3779	7070	2643	13492
Films per case	1.23	1.34	1.034	
Abdomen	4	29	1	34
Ankle and foot	16	26	13	55
Arm and elbow	7	1	—	8
Barium enema	4	3	—	7
Chest:				
Bronchogram	17	73	18	108
Flat	2451	4513	2427	9391
Lateral	58	103	—	161
Oblique	3	6	—	9
Lateral and Oblique	—	—	3	3
Lordotic	3	17	3	23
Planigram	297	237	7	541
Sinogram	—	2	—	2
Cholecystograms	5	8	2	15
Dental films	—	2	7	9
Esophagus	—	—	—	—
Gastro-intestinal series	5	13	1	19
Genito-urinary series	2	20	7	29
Hand and wrist	17	21	12	50
Hips	10	15	8	33
Jaw	—	2	—	2
Leg and knee	24	13	14	51
Mastoid and sinuses	3	2	—	5
Pelvis	9	9	3	21
Ribs	1	4	—	5
Sternum	—	—	—	—
Shoulder	5	6	6	17
Skull	1	7	2	10
Spine	41	107	20	168
Fetus	—	—	1	1
Spinal Planigrams	—	2	—	2
	2983	5241	2555	10779
Miniature x-rays (mass surveys)	67818	26217	22989	117024
Miniature x-rays (special surveys)	2792	2259	3587	8638
Large x-rays (special surveys)	1615	1049	450	3114
Indian films (not included in above)	305	—	—	305
Indian films taken by Indian Health Services (not included above)				12387

TABLE IX
PHYSIOTHERAPY REPORT OF WORK DONE DURING 1960

1960	Fort Pts.	San Trts.	Saskatoon Pts.	Trts.	Prince Pts.	Albert Trts.	Total Pts.	Trts.
Heliotherapy	19	491	—	—	31	2032	50	2523
Ultra-Violet Ray:								
Air Cooled	12	488	—	—	25	1363	37	1851
Diathermy	—	—	9	46	—	—	9	46

TABLE X
SUMMARY AND CLASSIFICATION OF ALL PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960

1960	CHILDHOOD TYPE				ADULT PULMONARY						PLEURISY T.B.N.P.				TOTAL	
	Tracheo-Bronchial		Primary Infection		Minimal		Mod. Adv.		Far Adv.		Total		With Effusion			
	Open	Clsd	Open	Clsd	Open	Clsd	Open	Clsd	Open	Clsd	Open	Clsd	Open	Clsd	Open	Clsd
NEW CASES:																
Admitted	3	11	—	8	20	41	24	23	22	7	66	71	9	7	17	76
Not admitted	—	—	—	—	2	2	—	5	1	1	3	8	—	1	4	12
TOTAL	3	11	—	8	22	43	24	28	23	8	69	79	9	8	21	88
OLD CASES:																
Readmitted	—	—	—	—	4	7	13	5	18	15	35	27	2	6	11	41
First admitted	—	—	—	—	3	5	4	2	—	—	7	7	—	1	3	8
TOTAL	—	—	—	—	7	12	17	7	18	15	42	34	2	7	14	49
Total Active Tuberculosis	3	11	—	8	29	55	41	35	41	23	111	113	11	15	35	162

(The data in Table X includes 10 refugees.)

TABLE XI

COMPARISON OF PULMONARY AND NON-PULMONARY TUBERCULOSIS IN PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960

1960	NEW CASES				OLD CASES				TOTAL CASES			
	Pulm.	% Tot. New	Non-Pulm.	Total	Pulm.	% Tot. Readm.	Non-Pulm.	Total	Pulm.	% Tot. Active	Non-Pulm.	Total
179	86.06	29	13.94	208	78	78.79	21	21.21	99	83.71	50	149
									257	83.71	50	307

TABLE XII

**NON-PULMONARY TUBERCULOSIS OCCURRING AS MAJOR LESIONS IN PERSONS
SEEN WITH ACTIVE TUBERCULOSIS IN 1960**

(Excluding Active Reviews Not Admitted)

1960	NEW CASES				OLD CASES				
	Admitted Open	Clsd	Not Admitted Open	Clsd	Readm. and 1st Adm. Open	Clsd	Total Open	Clsd	Total
Abscess:									
Chest wall	—	—	—	—	1	—	1	—	1
Psoas	—	—	—	—	1	—	1	—	1
Adenitis:									
Cervical	1	6	—	2	—	4	1	12	13
Genito-urinary									
Kidney	5	—	—	1	—	2	5	3	8
Endometritis	—	2	—	—	—	—	—	2	2
Epydidymitis	—	1	—	—	—	1	—	2	2
Prostate	1	—	—	—	—	—	1	—	1
Renal	—	—	—	—	4	4	4	4	8
Pelvic	—	—	—	—	—	1	—	1	1
Meningitis	—	3	—	—	—	1	—	4	4
Osteo-articular:									
Spine	—	—	—	—	—	1	—	1	1
Trochanter	—	1	—	—	—	—	—	1	1
Knee	—	2	1	—	—	—	1	2	3
Ankle	—	—	—	—	1	—	1	—	1
Laryngitis	—	1	—	—	—	—	—	1	1
Peritonitis	—	1	—	—	—	—	—	1	1
Caecum	—	—	—	1	—	—	—	1	1
TOTAL	7	17	1	4	7	14	15	35	50

TABLE XIII
TYPES OF DISEASE IN PERSONS SEEN WITH ACTIVE PULMONARY TUBERCULOSIS, 1960
(Excluding Active Review Cases Not Admitted)

TABLE XIV

AGE AND SEX OF ACTIVE CASES OF TUBERCULOSIS — 1960

	NEW CASES			OLD CASES			Total
	(Admitted and Not Admitted)		Total	(Readmitted and 1st Admitted)		Total	
	Males	Females		Males	Females		
Under 1 year	—	1	1	—	—	—	1
1	1	1	2	—	—	—	2
2	2	2	4	—	—	—	4
3	—	2	2	—	—	—	2
4	1	5	6	—	—	—	6
5-9	11	10	21	1	1	2	23
10-14	7	11	18	—	1	1	19
15-19	3	3	6	—	1	1	7
20-24	4	6	10	3	4	7	17
20		—	—	—	—	1	1
21		1	3		1	—	1
22		1	—		2	—	2
23		1	1		2	1	1
24		1	2		—	2	2
25-29	10	7	17	1	2	3	20
25		1	3		—	—	—
26		1	—		—	—	—
27		1	1		—	1	1
28		1	1		1	1	2
29		6	2		8	—	8
30-34	7	11	18	3	3	6	24
35-39	7	7	14	4	3	7	21
40-44	2	4	6	3	7	10	16
45-49	9	6	15	8	4	12	27
50-54	11	1	12	4	3	7	19
55-59	7	4	11	8	5	13	24
60-64	6	3	9	10	6	16	25
65-69	7	—	7	6	—	6	13
70-74	12	3	15	3	—	3	18
75 and Over	11	3	14	5	—	5	19
Not Stated	—	—	—	—	—	—	—
TOTAL	118	90	208	59	40	99	307

AGE, SEX and MARITAL STATE OF THOSE PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960
(New Active Cases Only)

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TABLE XIV A (Continued)
AGE, SEX AND MARITAL STATE OF THOSE PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960
(New Active Cases Only)

		ADMITTED						NOT ADMITTED						TOTAL					
		Pulmonary			T.B.N.P.			Pulmonary			T.B.N.P.			Pulmonary			T.B.N.P.		
		Open	Clsd	M	S	Open	Clsd	Open	Clsd	M	S	Open	Clsd	Open	Clsd	M	S	Open	Clsd
		M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S
26	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
27	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
28	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34	M	3	1	1	—	—	—	—	—	—	—	—	—	3	1	1	—	—	—
	F	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
35-39	M	2	3	1	—	—	—	—	—	—	—	—	—	2	3	1	—	—	—
	F	2	1	2	—	—	—	—	—	—	—	—	—	2	1	3	—	—	—
40-44	M	1	1	3	1	—	—	—	—	—	—	—	—	1	1	4	1	—	—
	F	2	—	3	—	—	—	—	—	—	—	—	—	2	—	3	—	—	—
45-49	M	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50-54	M	3	—	5	—	—	—	—	—	—	—	—	—	3	—	5	—	—	—
	F	2	—	1	—	—	—	—	—	—	—	—	—	3	—	2	—	—	—
55-59	M	5	1	4	1	—	—	—	—	—	—	—	—	5	1	4	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60-64	M	1	—	2	1	1	—	—	—	—	—	—	—	1	—	2	1	1	—
	F	1	—	3	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—
65-69	M	1	2	2	—	—	—	—	—	—	—	—	—	1	2	2	—	—	—
	F	1	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
70-74	M	3	—	3	—	—	—	—	—	—	—	—	—	4	—	3	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 and Over	M	3	1	3	1	—	—	—	—	—	—	—	—	3	2	4	1	—	—
	F	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Not Stated	M	4	—	7	—	—	—	—	—	—	—	—	—	4	—	7	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Total	M	29	15	34	25	2	—	2	4	1	1	2	1	—	—	—	—	—	—
	F	15	10	16	24	4	1	5	6	1	—	4	1	1	—	2	—	—	—
TOTAL		44	25	50	49	6	1	7	10	2	1	6	2	1	—	4	—	—	—

TABLE XIV "B" (Continued)

AGE, SEX AND MARITAL STATE OF THOSE PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960
(Old Cases Only)

	READMITTED						FIRST ADMITTED						TOTAL					
	Pulmonary			T.B.N.P.			Pulmonary			T.B.N.P.			Pulmonary			T.B.N.P.		
Age	Sex	Open M	Clsd S	Open M	Clsd S		Open M	Clsd S	Open M	Clsd S		Open M	Clsd S	Open M	Clsd S	Open M	Clsd S	Total
26	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
27	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
28	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
29	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
30-34	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
35-39	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
40-44	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
45-49	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
50-54	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
55-59	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
60-64	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
65-69	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
70-74	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
75 and over	M	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
F	-	-	-	-	-		-	-	-	-		-	-	-	-	-	-	-
TOTAL	M	16	7	10	6	3	1	4	1	4	1	1	1	—	2	1	—	59
F	8	4	13	—	2	—	2	4	2	1	2	3	1	—	—	—	—	40
TOTAL		24	11	23	6	5	1	8	3	5	2	5	2	1	—	2	1	99

TABLE XV
OCCUPATION OF THOSE PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960
(New Active Cases Only)

Occupation	Male	Female	Total
Baker	1	—	1
Barber	1	—	1
Bartender	1	—	1
Bulldozer Operator	1	—	1
Butcher	1	—	1
Carpenter	4	—	4
Cashier	—	1	1
Clerk: Office	1	1	2
Sales	—	—	—
Contractor	1	—	1
Farmer	17	—	17
Retired Farmer	15	—	15
Garageman	1	—	1
Gardener	1	—	1
Hospital: Practical Nurse	—	1	1
Nursing Assistant	—	1	1
Housewife: City, Town, Village	—	28	28
Farm	—	10	10
North	—	3	3
Janitor	1	—	1
Labourer: Casual	9	—	9
Farm	5	—	5
Laundress	—	1	1
Laundryman	1	—	1
Lineman: Power	1	—	1
Manager: Retail Store	1	—	1
Mechanic: Auto	2	—	2
Radio	1	—	1
Nun	—	2	2
Proprietor: Restaurant	1	—	1
Store	1	—	1
Railway: Conductor	1	—	1
Section Foreman	1	—	1
Retired	10	1	11
Secretary	—	2	2
Salesman: Oil Company	1	—	1
School: Pre-school	5	13	18
Public	17	21	38
High	3	1	4
Tailor	1	—	1
Teacher	2	—	2
Telephone Operator	—	1	1
Trapper	5	—	5
Typist	—	1	1
Waiter	1	—	1
Waitress	—	1	1
Welder	2	—	2
X-ray Technician	—	1	1
Unemployed	1	—	1
TOTAL	118	90	208

TABLE XVI
RACIAL ORIGINS OF THOSE SEEN WITH ACTIVE TUBERCULOSIS — 1960
(New Active Cases Only)

Racial Origin	Male	Female	Total
Austrian	2	—	2
British:			
English	15	20	35
Irish	5	5	10
Scottish	13	7	20
Welsh	1	1	2
Chinese	5	—	5
Czechoslovakian	1	—	1
Dutch	1	1	2
Finnish	—	1	1
French	4	7	11
German	12	11	23
Halfbreed:			
English	—	2	2
French	15	8	23
German	1	—	1
Norwegian	1	—	1
Scottish	4	3	7
Hungarian	3	4	7
Icelandic	—	1	1
Lebanese	1	—	1
Norwegian	8	7	15
Polish	6	1	7
Romanian	1	—	1
Swedish	3	1	4
Ukrainian	13	7	20
Yugoslavian	2	—	2
Unknown	1	3	4
TOTAL	118	90	208

TABLE XVII
NATIVITY BY SEX OF PERSONS SEEN WITH ACTIVE TUBERCULOSIS, 1960
(New Cases Only—Admitted and Not Admitted)

Nativity—Born in	Male	Female	Total
Canada	76	72	148
British Isles	3	6	9
United States	5	3	8
Other Countries	33	8	41
Unknown	1	1	2
TOTAL	118	90	208

(“Open” and “Closed” refers to Condition on Discharge)

	Inactive Cl.	Improved Op.	Improved Cl.	Unimproved Op.	Unimproved Cl.	Died R, over Op.	Died R, less Op.	Untreated R, less Op.	Total		No. Discharged on Drugs
									Op.	Cl.	
FIRST DISCHARGES:											
Minimal	A 4	—	13	—	—	—	—	2	—	19	13
	B 5	—	4	—	—	—	—	1	—	10	6
	C 1	—	—	—	—	—	—	—	—	1	1
Clinical Mod. Adv.	A —	—	5	—	1	—	—	4	—	10	3
	B 4	—	9	—	—	—	—	—	—	13	3
	C 1	—	1	—	—	—	—	—	2	2	2
Far. Adv.	A —	—	1	—	—	—	—	—	—	1	—
	B 2	—	1	—	—	—	—	—	—	3	1
	C 4	—	2	—	—	1	—	—	6	7	1
	D —	—	—	—	—	—	—	—	—	—	—
Total Clinical	21	—	36	—	1	—	—	7	—	65	30
<hr/>											
Minimal	A 2	—	6	—	1	—	—	1	—	9	5
	B 2	1	4	—	—	—	—	—	—	6	7
	C —	1	—	—	—	—	—	—	—	1	—
Bacillary Mod. Adv.	A —	1	7	—	—	—	—	—	—	7	8
	B 7	1	5	—	—	—	1	—	—	12	5
	C 2	1	4	—	—	—	—	—	—	6	4
	D —	—	1	—	—	—	—	—	—	1	—
Far Adv.	A —	—	—	—	—	—	—	—	—	—	—
	B —	—	5	—	—	1	—	—	—	5	3
	C 6	—	1	—	—	1	—	—	—	7	4
	D 2	—	1	—	—	2	—	—	3	5	—
Total Bacillary	21	4	34	—	1	4	—	3	—	7	30
<hr/>											
Pleurisy with effusion	—	—	5	—	1	—	—	1	—	7	3
TB Non-Pulmonary	14	1	20	—	1	—	—	3	—	35	18
Primary Infection	3	—	3	—	—	—	—	—	—	6	3
Tracheobronchial	4	—	2	—	—	—	—	—	—	6	5
Total First Discharges	63	5	100	—	4	4	—	6	8	2	89

TABLE XVIII (Continued)

RESULTS OF TREATMENT IN RELATION TO CLASSIFICATION ON ADMISSION OF PATIENTS DISCHARGED IN 1960
 ("Open" and "Closed" refers to Condition on Discharge)

	Inactive Cl.	Improved Op.	Improved Cl.	Unimproved Op.	Unimproved Cl.	Died R. over 31 Op.	Died R. over 31 Cl.	Untreated R. less 32 Op.	Untreated R. less 32 Cl.	Died Op.	Died Cl.	Total		No. Discharged on Drugs
												Op.	Died	
READMISSION DISCHARGES:														
Minimal	A	—	2	—	—	—	—	—	1	—	—	4	—	—
	B	—	1	—	—	—	—	—	—	—	—	1	—	1
	C	—	—	—	—	—	—	—	—	—	—	—	—	—
Clinical Mod. Adv.	A	1	6	—	—	—	—	—	—	—	7	7	—	4
	B	1	6	—	—	—	—	—	—	—	7	7	—	2
	C	1	—	—	—	—	—	—	—	—	1	—	—	—
Far Adv.	A	1	—	—	—	—	—	—	—	—	1	—	—	1
	B	2	6	—	—	—	—	—	—	—	8	—	—	4
	C	1	4	—	—	—	1	—	—	—	6	1	—	—
	D	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Clinical	8	—	25	—	1	—	1	—	1	—	35	1	36	12
Minimal														
	A	—	3	—	—	—	—	1	—	—	—	—	4	3
	B	—	2	1	—	—	—	—	—	—	—	—	3	1
	C	1	—	—	—	—	—	—	—	—	—	—	1	—
Bacillary Mod. Adv.	A	—	4	—	—	—	—	—	—	—	4	—	4	4
	B	4	5	—	—	—	—	1	—	—	9	—	10	5
	C	—	1	—	—	—	1	1	—	—	1	1	3	1
Far Adv.	A	—	1	—	—	—	—	—	—	—	1	—	1	1
	B	—	5	—	—	1	1	2	—	—	5	2	9	4
	C	1	3	5	2	1	1	—	—	—	6	2	13	5
	D	—	1	—	—	3	1	—	—	—	1	4	5	—
Total Bacillary	6	3	27	3	—	5	4	5	—	—	33	9	53	24
Pleurisy with Effusion														
	—	—	1	—	—	—	—	—	—	—	1	—	1	1
TB Non-Pulmonary	1	1	13	—	1	—	—	—	1	—	1	16	17	8
Total Readmission Discharges	15	4	66	3	2	5	5	5	2	—	12	85	107	45
TOTAL DISCHARGES														
	78	9	166	3	6	9	11	11	10	2	—	23	260	305

TABLE XVIII
CONDITIONS ON DISCHARGE OF TREATED TUBERCULOSIS — 1960 (Based on Persons).
 ("Open" and "Closed" based on condition of Discharge)

Stage of Disease	First Discharges				Readmission Discharges				Total Discharges				Total	%
	Pulmonary Open	Pulmonary Clsd	T.B.N.P. Open	T.B.N.P. Clsd	Pulmonary Open	Pulmonary Clsd	T.B.N.P. Open	T.B.N.P. Clsd	Pulmonary Open	Pulmonary Clsd	T.B.N.P. Open	T.B.N.P. Clsd		
Inactive	—	49	—	14	—	14	—	—	—	63	—	15	78	25.57
Improved	4	80	1	20	3	53	1	13	7	133	2	33	175	57.38
Unimproved	—	3	—	1	3	1	—	1	3	4	—	2	9	2.95
Died (Res. over 31 days)	4	5	—	1	5	5	—	—	9	10	—	1	20	6.56
Untreated (Res. less 32 days)	3	8	3	—	5	1	—	1	8	9	3	1	21	6.89
Died (Res. less 32 days)	2	0	—	0	—	—	—	—	2	—	—	—	2	.65
TOTAL	13	145	4	36	16	74	1	16	29	219	5	52	305	100.00

TABLE XIX
COMPLICATIONS (TUBERCULOSIS) OF THE TREATED TUBERCULOSIS, 1960

	Fort San	Saskatoon	Prince Albert	Total
Pulmonary: Active	—	1	—	1
Inactive	4	3	—	7
Pleural Effusion: Inactive	4	1	3	8
Miliary Active	—	2	—	2
Endobronchial	1	1	1	3
Tracheobronchial	14	1	—	15
Hemoptysis	—	3	—	3
Pulmonary Hemorrhage	—	—	1	1
Bronchopleural Fistula	2	—	—	2
Meningitis	1	—	—	1
Laryngitis	1	—	—	1
Perineal Fistula	—	1	—	1
Peritonitis	1	—	—	1
Tuberculosis Liver	1	—	—	1
Vertebral Bone Marrow	1	—	—	1
Spleen	1	—	—	1
Erythema Nodosum	—	1	—	1
Cervical Adenitis	—	1	2	3
Abscess: Thoracic Wall	—	1	—	1
Chest Wall	1	—	—	1
Genito-urinary:				
Testicle	—	1	—	1
Epididymitis	—	1	—	1
Salpingitis	2	—	—	2
Orchitis	—	—	1	1
Pyelonephritis	—	1	—	1
Endometritis	—	1	—	1
Renal	2	—	—	2
Osteo-articular:				
Spine	2	3	—	5
Shoulder	—	1	—	1

TABLE XX
DISCHARGE CLASSIFICATION OF PATIENTS REFERRED FOR DIAGNOSIS,
REVIEW AND OBSERVATION AND FOUND NOT TO HAVE ACTIVE
TUBERCULOSIS.

Discharge Classification	Total	Diag.	Review	Treated less than 32 days	Died	Treated over 31 days	Died
No Disease	2108	1031	1054	11	—	12	—
Non-tuberculous	269	112	109	32	—	16	—
Undiagnosed	39	19	16	3	—	1	—
TB Inactive	1002	103	861	24	—	14	—
TB Inactive—admitted for operation or appliance	—	—	—	—	—	1	—
TOTAL	3419	1265	2040	70	—	44	—

TABLE XXI

DEATHS OF EX-PATIENTS IN 1960 — BOTH IN AND OUT OF SANATORIA

Year of Discharge	Age on First Adm.	First Adm. Class	No. of Days Treated	Last Discharge Class	Cause of Death
1919	33	Clin.IIA	86	Quiescent	Cerebral Thrombosis, Arteriosclerosis.
1920	39	Clin.IB	30	Quiescent	Hemiplegia, Cerebral Thrombosis, Cerebral arteriosclerosis.
1928	20	Peritonitis	194	Quiescent	Ca. of the stomach with cachexia.
1930, 1931	24	Clin.IA	10, 107	App. Arrested	Acute Myeloid leukemia.
1931, 1953, 1960	30	Bac.IA	244, 123, 868	Unimproved	Haemorrhage in Pons Varolii, Hypertension with sclerosis. Tuberculosis right lung.
1934	55	Clin.IIIC	12	Quiescent	Pneumonia. Bronchiectasis and emphysema.
1934, 1936	40	Renal Tb.	57, 68	Improved	Uremia. Chronic nephritis. Unilateral nephrectomy. Chronic myocarditis after coronary thrombosis.
1934, 1953	33	Bac.IIIB	2933, 3438	Inactive	Cor Pulmonale. Pulmonary fibrosis. Pulmonary tuberculosis inactive.
1938, 1938, 1939, 40, 60,	57	Bac.IIIB	233, 307, 217, 10, 64	App. Arr.	Cor Pulmonale. Pulmonary fibrosis. Pulmonary tuberculosis.
1939	30	Bac.IIIA	560	Quiescent	Coronary occlusion. Coronary atherosclerosis. Hypertensive cardiovascular disease. Cerebrovascular accident.
1939	66	Bac.IB	23	Unimproved	Senility. Chronic bronchitis.
1940	57	Periurethral abscess	65	Improved	Bilateral apical tuberculosis. Fibrinous pericarditis. Coronary arteriosclerosis.
1940, 41, 45, 49, 51, 53, 55	38	Bac.IIIB	582, 484, 392, 103, 308, 347, 102	Inac.	Right cardiac failure.
1941, 42, 44, 31, 45, 50, 50, 55, 60	31	Bac.I	331, 192, 314, 132, 63, 203, 50, 1, 898	Unimp.	Pulmonary tuberculosis.
1942, 43, 59	53	Hip	98, 126, 517	Inactive	Ruptured abdominal aortic aneurysm. Hypertension and arteriosclerosis and congestive failure. Quiescent pulmonary tuberculosis with emphysema.
1944, 1946, 1959	57	Bac.IIIC	553, 65, 26	Inactive	Chronic muscular dystrophy.
1944, 1951, 1960	19	Clin.IIA	1954, 1942, 1870	Improved	Pulmonary tuberculosis. Cachexia.
1945, 1955, 1957, 1960	33	Bac.IIIB	233, 149, 318, 319	Improved	Acute congestive failure. Left heart strain. Colitis. Pneumonia on admission to hosp.
1946, 1949	60	Bac.IIB	292, 423	Quiescent	Pulmonary oedema. Auricular fibrillation.
1946	62	Bac.IIB	141	Inactive	Chronic bronchitis. Bronchiectasis. Old tuberculosis (pulmonary).

TABLE XXI (Continued)
DEATHS OF EX-PATIENTS IN 1960 — BOTH IN AND OUT OF SANATORIA

Year of Discharge	Age on First Adm.	First Adm. Class	No. of Days Treated	Last Discharge Class	Cause of Death
1948, 1953	29	Bac.IIIC	616, 319	Improved	Active pulmonary oedema. Cor pulmonale. Bronchial asthma emphyema. Old pulmonary Tb. surgery.
1948, 1951, 1959, 1960	24	Bac.IIIB	427, 901, 488, 299	Unimproved	Pulmonary tuberculosis far advanced.
1948, 1949, 1950, 1952	19	Cervical Adenitis	8, 267, 119, 196	Arrested	Undetermined — natural causes.
1949, 1955	41	Bac.IB	240, 122	Improved	Bronchopneumonia. Pulmonary emphysema. Cor Pulmonale.
1949, 1956, 1957	53	Bac.IIIB	2164, 243, 203	Improved	Acute myocardial infarction. Cor. thrombosis. Arteriosclerosis. Pulmonary tuberculosis. Bilateral bronchopneumonia. Bone marrow failure. Combination of drug treatment for reticulum and cell sarcoma.
1949	57	Clin.IIB	128	Quiescent	Uremia. Tuberculosis kidney.
1949, 1950, 1951, 1954	22	Renal Tb.	153, 80, 59, 8	Improved	Pulmonary tuberculosis. Schizophrenia.
1949, 54, 57, 58	22	Bac.IIIC	47, 1417, 1168, 238	Improved	Myocardial failure. Pulmonary tuberculosis. Tuberculous peritonitis.
1951, 1952, 56, 60	21	Bac.IIIB	1216, 292, 1033, 192	Improved	Cor Pulmonale. Pulmonary tuberculosis. Congestive heart failure. Constrictive pericarditis. Pulmonary Tb. Diabetes Mellitus.
1951, 52, 53, 56, 59, 60	65	Bac.IIIC	719, 180, 132, 207, 208, 314	Improved	Pulmonary embolism. Phlebothrombosis.
1951	55	Bac.IIIC	220	Improved	Coronary thrombosis.
1952, 53, 57	62	Bac.IB	33, 173, 407	Improved	Intracranial haemorrhage. Pulmonary tuberculosis active. Coronary heart disease.
1953, 53, 56	40	Bac.IIIC	851, 21, 65	Inactive	Haemorrhage. Acute gastric ulcer. Atheroma blocking left renal artery.
1956, 59, 60	65	Bac.IIIC	202, 8, 602	Unimproved	Pulmonary fibrosis. Chronic diffuse pulmonary tuberculosis.
1956, 57	53	Bac.IIIC	294, 203	Improved	Cerebral hemorrhage. Generalized arteriosclerosis. Diabetes Mellitus. Kimmelstiel Wilson's Disease with early renal failure.
1957	86	Bac.IIIB	185	Improved	Sec. Ca. of skin and glands right side of neck.
1958	47	Clin.IC	360	Improved	Primary car. of lower lip.
1958, 59	76	Bac.IIB	370, 189	Inactive	Cardiac failure and pulmonary tuberculosis. Bronchopneumonia.
1958, 1960	71	Bac.IIIC	813, 136	Improved	Kicked by a horse—ruptured spleen.
1959	71	Bac.IIIC	1028	Improved	
1960	2	Primary	642	Inactive	

TABLE XXII

RELAPSES RE-ADMITTED DURING THE YEAR 1960

Year of Discharge	Age on 1st Adm.	1st Adm. Class	No. of Days Treated	Last Disch. Class	date of last exam. prior to relapse	Date of relapse
1923,36,57	20	Clin.IB	97,822,142	I	29. 4.59	2. 3.60
1927,33,47,50	30	Clin.IIIB	286,22,95,297	Q	11. 8.59	4. 7.60
1928	34	Clin.IIA	264	I	20. 8.59	21.10.60
1930, 35	26	Bac.IIA	1134, 149	I	16. 5.58	11. 4.60
1930	23	Clin.IA	317	I	9.12.57	29.11.60
1930,30	21	Cervical Adenitis	210, 69	I	25. 8.59	12. 3.60
1931,37,50,51,52,52	44	Clin.IB	249,86,182,197,184,21	I	27. 5.59	25. 5.60
1933,36,44	21	Spine	27,845,732	Q	13. 5.59	13. 4.60
1933,39,41,48,53,53,57	18	Clin.IB	233,1410,436,603,455,62,352	I	12.12.59	19. 2.60
1935,40,41,43,44,48	24	Clin.IIA	490,10,268,40,227,65	I	8. 1.60	10. 8.60
1935,36,37,37,38,38,41	32	Bac.IIIC	336,294,232,133,316,153,321	Q	26. 2.59	3. 3.60
1937	31	Bac.IIIC	177	Q	8.59	26. 8.60
1938,38,39,40	35	Bac.IIIB	233,307,217,10	Inac.	26. 8.48	30. 1.60
1939,41,44,47,49,52	22	Bac.IIIB	1044,786,18,10,198,261	Inac.	26. 5.59	27. 4.60
1940, 1944, 46	19	Bac.IA	771,110,541	Q	13. 5.58	4. 3.60
1940, 43, 47	33	Clin.IIIB	428,82,172	Q	10. 9.58	12. 1.60
1941, 42	20	Clin.IB	74,13	U	10. 5.44	12. 8.60
1942, 43	43	Clin.IIB	202,170	I	21.12.59	4. 1.60
1942, 54	34	Pleural effusion	85,21	I	18.11.59	23. 1.60
1943	19	Clin.IB	117	I	1955	22. 7.60
1944, 49, 52	22	Bac.IIB	511,1005,408	I	15.12.56	2. 9.60
1945	38	Clin.IIB	54	Q	8. 1.59	19. 5.60
1945, 46, 49, 50	25	Bac.IIIC	837,220,988,79	Q	31. 7.59	16. 3.60
1946, 50	29	Epididymitis	593,156	Q	6.58	26. 5.60
1946, 48	20	Bac.IB	236,157	Q	30. 5.58	12. 1.60
1947	33	Bac.IB	561	App.Arr.	6. 5.52	25. 2.60
1948	24	Pleural effusion	802	I	12. 9.58	28.10.60
1948	55	Bac.IIIB	196	Q	27.11.57	5.10.60
1948, 51	25	Bac.IIIB	226,170	Q	23. 1.59	7. 1.60
1948, 55	33	Clin.IB	595,132	I	16. 1.59	13. 1.60
1949, 52	30	Clin.IC	115,964	I	30.10.59	2. 2.60
1952	68	Clin.IIC	106	I	11.11.54	18.11.60
1952, 53, 56	21	Clin.IIA	149,114,8	I	17. 6.59	21. 6.60
1955	27	Clin.IB	275	I	6.59	22. 1.60
1956	63	Empyema	264	I	7. 7.59	8. 3.60
1957	58	Clin.IIIC	548	I	22.12.60	22.12.60
Discovered 1948	55	Clin.IA	Not Admitted	Not Ad.	19. 8.59	19. 1.60
Discovered 1948	49	Clin.IA	Not Admitted	Not Ad.	6.11.59	4. 3.60
Discovered 1952	43	Left Ankle	Not Admitted	Not Ad.	30. 6.59	12. 1.60
Discovered 1953	14	Clin.IIA	Not Admitted	Not Ad.	21.12.59	5. 1.60
Relapses Not Admitted						
1947,50,52,53	26	Bac.111C	749,173,881,313	Arr.	20.11.59	21.12.60
1943,43,44,48	39	Clin.IIIC	541,65,283,249	Q	8.60	21.11.60
1951,55	14	Clin.IIA	1066,443	I	17. 5.60	15.11.60

TABLE XXIII
SUMMARY OF MINIATURE X-RAY SURVEY—1960

Age	Sex	No Disease	Un-Diag.	Non T.B.	New T.B. Active	Cases Sus-pect	Prev. Disc. T.B. Act.	In-act.	Activity Doubtful	Total
Under 1 year	M	103	—	—	—	—	—	—	—	103
	F	81	—	2	—	—	—	—	—	83
1	M	157	—	2	—	—	—	—	—	159
	F	183	—	—	1	—	—	—	—	184
2	M	204	—	3	—	—	—	—	—	207
	F	172	—	—	1	—	—	—	—	173
3	M	215	—	3	—	—	—	—	—	218
	F	168	—	1	5	—	—	2	—	176
4	M	201	—	1	—	—	—	2	—	204
	F	202	1	2	—	—	—	1	—	206
5- 9	M	1251	—	10	2	—	—	17	—	1280
	F	1195	2	18	2	—	—	12	—	1229
10-14	M	1597	1	14	—	—	—	15	—	1627
	F	1780	1	9	3	1	—	22	—	1816
15-19	M	1890	1	8	1	—	—	21	—	1921
	F	1730	—	13	—	—	—	14	—	1757
20-24	M	4562	1	20	—	—	—	11	—	4594
	F	4013	—	21	2	—	—	23	—	4059
25-29	M	4940	—	29	1	1	—	24	—	4995
	F	5025	2	32	—	—	—	43	—	5102
30-34	M	5817	1	54	1	—	—	34	1	5908
	F	5922	—	52	1	2	—	69	—	6046
35-39	M	6036	—	62	1	—	—	70	—	6169
	F	6417	—	69	—	1	—	78	—	6565
40-44	M	6065	—	69	—	1	1	76	—	6212
	F	6423	—	84	1	—	—	83	—	6591
45-49	M	5853	1	85	2	2	1	94	—	6038
	F	5635	—	92	—	—	—	91	—	5818
50-54	M	4950	—	103	1	—	1	103	—	5158
	F	4344	2	124	—	1	—	100	—	4571
55-59	M	3976	—	134	—	1	1	108	—	4220
	F	3249	1	112	1	1	—	85	—	3449
60-64	M	3063	1	112	1	—	—	106	—	3283
	F	2668	1	154	—	1	—	68	—	2892
65-69	M	2721	1	143	—	1	1	111	5	2983
	F	2146	—	143	—	—	1	73	—	2363
70 and over	M	4427	3	371	2	3	1	248	2	5057
	F	2957	—	358	—	2	—	135	2	3454
Not stated	M	83	—	6	—	—	—	—	—	89
	F	61	—	3	—	—	—	1	—	65
TOTAL	M	58111	10	1229	12	9	6	1040	8	60425
	F	54371	10	1289	17	9	1	900	2	56599
Sub-Total		112482	20	2518	29	18	7	1940	10	117024
Individuals under age 20—negative tuberculins—not x-rayed										83482
TOTAL										200506

SUMMARY OF TUBERCULIN SURVEY 1960

Age	Sex	Summary by age and sex								Summary by age only			
		Tuberculin Negative		Tuberculin Positive		Total Tuberculin		% Positive		Total Neg. Tbns.	Total Pos. Tbns.	Total % Pos.	
		M	F	M	F	M	F	M	F				
Under 1 year	M	1482	—	2	—	1484	—	.13	—	2923	3	2926	.10
	F	—	1441	—	1	—	1442	—	.07				
1	M	2074	—	3	—	2077	—	.14	—	4025	9	4034	.22
	F	—	1951	—	6	—	1957	—	.31				
2	M	2415	—	9	—	2424	—	.37	—	4792	16	4808	.33
	F	—	2377	—	7	—	2384	—	.29				
3	M	2612	—	5	—	2617	—	.19	—	5019	13	5032	.26
	F	—	2407	—	8	—	2415	—	.33				
4	M	2588	—	16	—	2604	—	.61	—	5035	30	5065	.59
	F	—	2447	—	14	—	2461	—	.57				
5-9	M	13321	—	166	—	13487	—	1.23	—	25913	300	26213	1.14
	F	—	12592	—	134	—	12726	—	1.05				
10-14	M	11668	—	317	—	11985	—	2.64	—	22641	607	23248	2.61
	F	—	10973	—	290	—	11263	—	2.57				
15-19	M	7144	—	491	—	7635	—	6.34	—	13376	860	14236	6.04
	F	—	6232	—	369	—	6601	—	5.59				
20-24	M	2980	—	419	—	3399	—	12.33	—	5864	797	6661	11.97
	F	—	2884	—	378	—	3262	—	11.59				
25-29	M	3076	—	621	—	3697	—	16.80	—	6471	1327	7798	17.02
	F	—	3395	—	706	—	4101	—	17.22				
30-34	M	3542	—	1015	—	4557	—	22.27	—	7434	2009	9443	21.28
	F	—	3892	—	994	—	4886	—	20.34				
35-39	M	3263	—	1675	—	4938	—	33.92	—	7098	3104	10202	30.43
	F	—	3835	—	1429	—	5264	—	27.15				
40-44	M	3131	—	1926	—	5057	—	38.09	—	6936	3418	10354	33.01
	F	—	3805	—	1492	—	5297	—	28.17				
45-49	M	2802	—	2101	—	4903	—	42.85	—	5800	3813	9613	39.67
	F	—	2998	—	1712	—	4710	—	36.35				
50-54	M	1937	—	2234	—	4172	—	53.57	—	3875	3908	7783	50.21
	F	—	1938	—	1673	—	3611	—	46.33				
55-59	M	1308	—	2133	—	3441	—	61.99	—	2614	3572	6186	57.74
	F	—	1306	—	1439	—	2745	—	52.42				
60-64	M	834	—	1766	—	2600	—	67.92	—	1867	2977	4844	61.46
	F	—	1033	—	1211	—	2244	—	53.97				
65-69	M	704	—	1606	—	2310	—	69.52	—	1536	2556	4092	62.46
	F	—	832	—	950	—	1782	—	53.31				
70 and over	M	1388	—	2341	—	3729	—	62.78	—	2602	3549	6151	57.70
	F	—	1214	—	1208	—	2422	—	49.88				
Not Stated	M	44	—	5	—	49	—	10.20	—	81	11	92	11.96
	F	—	37	—	6	—	43	—	13.95				
TOTAL	M	68313	—	18852	—	87165	—	21.63	—				
	F	—	67589	—	14027	—	81616	—	17.19				
TOTAL										135902	32879	168781	19.48

TABLE XXIV
GENERAL HOSPITALS' ADMISSION X-RAY FILMS—1960

Age	Sex	No. Disease	Un- diag.	Non T.B.	New T.B. Active	Cases Sus- pect	T.B. Act.	In- active	Activity Undeter- mined	Total
Under 1 year	M	377	3	213	—	1	—	—	—	594
	F	286	1	171	—	—	—	—	—	458
1	M	163	2	145	2	2	—	—	—	314
	F	159	—	95	—	1	—	—	—	255
2	M	187	1	84	—	1	—	2	—	275
	F	134	—	55	—	—	—	2	—	191
3	M	165	1	77	1	—	—	1	—	245
	F	115	4	47	1	—	—	3	—	170
4	M	150	1	62	—	1	—	1	—	215
	F	136	—	51	—	—	—	2	—	189
5- 9	M	1055	—	278	2	1	—	9	—	1345
	F	993	1	199	—	1	—	16	—	1210
10-14	M	966	1	135	—	1	—	12	—	1115
	F	964	—	141	1	1	—	29	—	1136
15-19	M	1147	2	140	1	1	—	20	—	1311
	F	2107	1	128	1	2	—	40	—	2279
20-24	M	990	1	122	1	—	—	23	—	1137
	F	4058	3	215	3	—	1	46	2	4328
25-29	M	831	4	135	3	1	—	15	—	989
	F	3690	3	221	3	2	1	51	—	3971
30-34	M	922	3	154	2	2	—	18	—	1101
	F	3015	2	212	1	2	—	51	—	3283
35-39	M	958	2	199	1	1	1	21	—	1183
	F	2410	3	217	1	5	1	67	—	2704
40-44	M	892	2	265	1	1	1	33	—	1195
	F	1687	1	220	—	2	1	49	—	1960
45-49	M	989	2	267	1	3	—	38	1	1301
	F	1379	1	251	—	—	—	57	1	1689
50-54	M	864	3	375	1	—	1	51	—	1295
	F	1082	3	293	—	2	—	65	1	1446
55-59	M	860	3	443	1	2	—	78	1	1388
	F	891	3	316	—	1	—	66	—	1277
60-64	M	740	5	497	—	—	—	73	—	1315
	F	734	2	403	1	—	1	61	—	1202
65-69	M	807	4	603	3	2	—	79	1	1499
	F	653	1	474	—	—	1	70	—	1199
70 and over	M	1742	10	2024	5	3	1	248	1	4034
	F	1248	5	1415	—	6	1	197	—	2872
Not Stated	M	2020	3	1600	—	2	—	126	—	3751
	F	2492	2	1475	—	—	—	74	—	4043
Total	M	16825	53	7818	25	25	4	848	4	25602
	F	28233	36	6599	12	25	7	946	4	35862
TOTAL		45058	89	14417	37	50	11	1794	8	61464

Danger of Tuberculosis Infection on Increase

Dr. G. D. Barnett, medical director of the Saskatchewan Anti-Tuberculosis League, warned that public resistance to tuberculosis infection is less than it used to be and the danger of infection has increased.

Dr. Barnett issued the warning in his report to the league during the annual meeting held at Fort San. He said that although there are fewer cases of tuberculosis in Saskatchewan those that are present constitute a much greater hazard than would have been the case 30 or 40 years ago.

He urged the league to never relax its program toward early discovery and segregation of all active cases of tuberculosis.

The annual meeting of the league was held on the eve of its 50th anniversary celebration which brought some 3,000 visitors.

Dr. Barnett opened his report with a review of 1960's operations by the league. He said that 1960 began with 388 patients under care in the three sanatoria located in the province while at the end of June this year 406 patients were being treated. During 1960 there were 34 TB deaths.

During the year the Prince Albert Sanatorium was closed and patients moved to Fort Qu'Appelle. The Prince Albert property has been made into a second school for the retarded in the province.

To indicate that tuberculosis was by no means defeated the medical director said that 208 new cases were found in 1960, a slight increase from 1959.

Dr. Barnett reported that as a result of the finding of one case of open tuberculosis in February, 1960, the league had followed up 121 contacts. From this search alone 25 new open cases had been discovered.

In 1960 mass surveys were conducted in 111 municipalities, two local improvement districts and in the cities of Moose Jaw, Swift Current, Melville and Lloydminster, with a total attendance of 200,506 persons. Indicating the value of these surveys by means of x-ray and tuberculin tests, he said, was the finding of 40 active tuberculosis cases in persons formerly found negative. Additionally 51 persons showed evidence of earlier disease. The work was also assisted by routine admission x-rays of all patients entering 131 hospitals in the province.

"The Day -- Before"

"ANON."

It was a very hot day—around 10 a.m. there was gathered the usual attendance at the annual meeting. Directors, life members and those to be made life members in recognition of services rendered to the League, but in this year of celebration the directors decided to honor staff and ex-staff with 25 years and over. The service varied from 25 to a record of 42 years, which is held by Dr. R. W. Kirkby.

Among the Life Membership Group honoured were Mr. Harold Thomson, General Manager of the Imperial Bank and Past President of the Canadian Bankers' Association. Born at Fort Qu'Appelle, he has been closely associated with the League and always shown great interest in the League's work; and an ex-patient Mrs. George Speers of Regina. Thanks to their generosity the publication of the history "The People Versus The White Plague" was made possible. In this connection the League is also grateful to the Sask. Wheat Pool and the Sun Life Assurance Co. of Canada.

And now—THE GOLDEN JUBILEE.

Another scorcher—temp. around 90-95.

First of all, our respects to the various committees that had undertaken the many duties allotted to them. The cars arrived early on Sunday morning and it was reported by the R.C.M.P. that over 700 cars were parked in the San grounds. There were 14 members of the R.C.M.P. and 24 members of the Civil Defence Traffic Police to organize and assist the visitors. While the cars were given directions a Boy Scout handed a leaflet to the driver to assist him in becoming familiar with the plans for their information. Such as Information Tent, Program, Registration, The History Book Booths, Comfort Items, etc., etc.

Now the first program started at 10 a.m., when His Grace Archbishop O'Neil conducted a service. The Mass was well attended and the choir from the Lebreton Seminary made it all a service to be remembered. At 11 a.m., the second service, conducted by Canon Corkhill and the Rev. Groom, with a joint choir conducted by Mrs. Proud, was well attended and completed a fitting commencement to the Golden Jubilee. Just two comments—first it was fitting that these Services of Thanksgiving be chosen to start the day. The prayer—which appears in the Program, had been mailed to the clergy in 1600 churches previously, and the same prayer was acceptable in all churches. The same spirit of unity that has prevailed throughout the years among the 110 chaplains that served so faithfully. And again, should we not thank God for the success that has followed the League? Instead of 400 deaths a year there are now just 30, and again this small number are needless and preventable.

Following the morning services we were entertained by the Indian Piapot Party in all their regalia; the St. Andrew's Pipe Band; and the Shrine Military Band; both of Moose Jaw. The entertainment was highly praised by those present and one must not overlook the amateur contestants of the A.C.T. who did a very excellent performance.

Now to the Platform Program. At 2.30 (a few minutes late) we came to the special speakers. All speakers were at their best, and elsewhere some will be recorded. In fact it would be interesting to have all speeches appear in the

official publication of the League. In passing, there were at least three ex-patients taking part, and the speech of the Chief of Staff and General Superintendent, an ex-patient, will long be remembered.

The M.C., nationally known, in fact he has made a name for himself on this continent, Bill Walker, was in good form. Thanks to the Ford Co. of Canada he returned to his own province to take part in a program in which he had taken such a prominent part some years before. He was instrumental in raising thousands of dollars to help stamp out TB, and it was a sight not to be forgotten to see him presenting one of the plaques to his side-kick, Bob Hill.

Now before this is too lengthy let me briefly mention the things I will always remember:

The hundreds of ex-patients, led by ambassadress Charlotte Johnson, renewing friendships never forgotten. Some 600, and their families, registered.

The Municipal Chapter (Regina) I.O.D.E. presented the Dean, Dr. R. G. Ferguson with a Certificate of Merit and a cheque for his great work in tuberculosis.

The number of medical men present, some who had been on the staff during the years, such as Dr. C. H. Andrews, Prince Albert, Dr. Fisher of Indian Head, and Dr. Bray of Moose Jaw.

The presentation of 25 Year Service Pins to two great men for their outstanding service to the League—Hon. W. M. Martin, Chief Justice, and J. G. Knox of municipal fame in both Rural and Urban Associations.

The presentation of plaques to the A.C.T. Clubs, who had in 1934 taken on the preventive program as their main activity and had about reached the million dollar mark.

The number of Superintendents of Nurses in attendance, led by Miss M. J. Montgomery, nearing the 80 mark, and the second lady superintendent who joined the staff in 1919. She travelled by air from Vancouver, accompanied by another ex-Supt. from Courtney, B.C., Mrs. Margaret Stephen. Mrs. C. Green (nee Mortimer) from Santa Barbara, Miss E. A. Pearston, M.B.E., Miss Flora Logan, and others.

The presence of the miracle girl who recovered after a struggle for her life when she battled spinal meningitis, Bessie Stirling, now Mrs. H. E. Mitchell of Weyburn. She served on the nursing staff in the early years.

The recognition of the League to Radio and TV Stations, the Press, as well as the A.C.T. Clubs when they were presented with plaques and certificates of merit.

We all enjoyed a visit with Mrs. Alex Wylie (nee Brownie), the first secretary to Dr. Ferguson and a general favourite.

And finally to again meet Ian Orr, so beloved by all who know him.

The memories are so numerous that one has to stop somewhere and maybe continue again at another time.

The opportunity given to meet so many at the Garden Party which concluded the proceedings and the friendliness of both Dr. and Mrs. Barnett made one feel the old San spirit which is hard to equal.



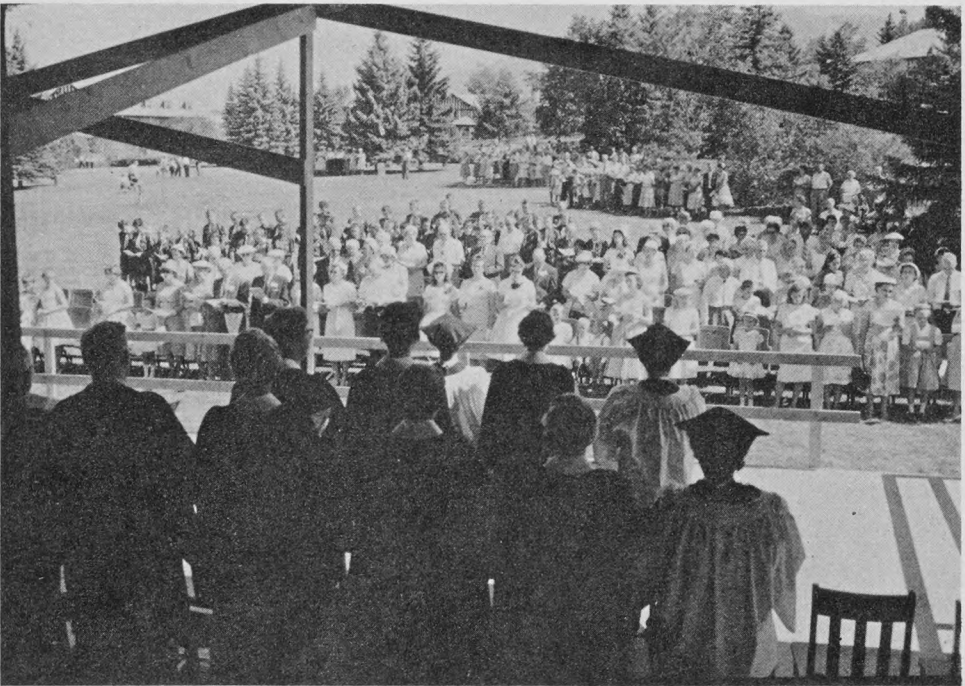
Premier T. C. Douglas addressing the assembled guests at the Golden Anniversary of the Saskatchewan Anti-tuberculosis League on July 23rd, 1961.



Part of the crowd watching the dancing of the party from the Piapot Indian Reserve which came to add to the entertainment for the afternoon.

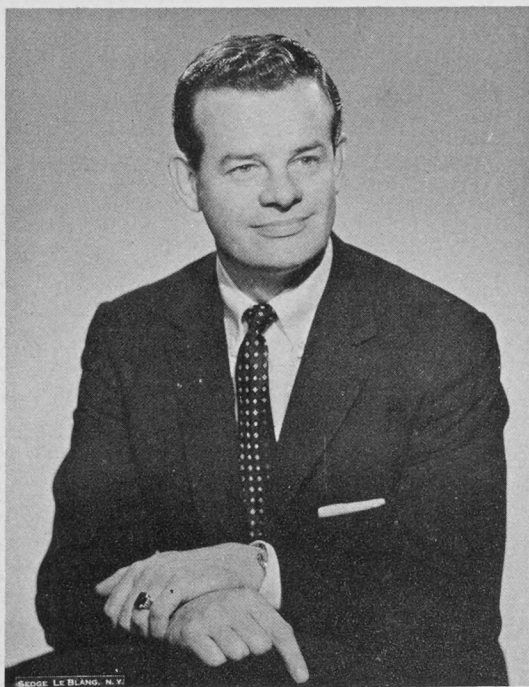
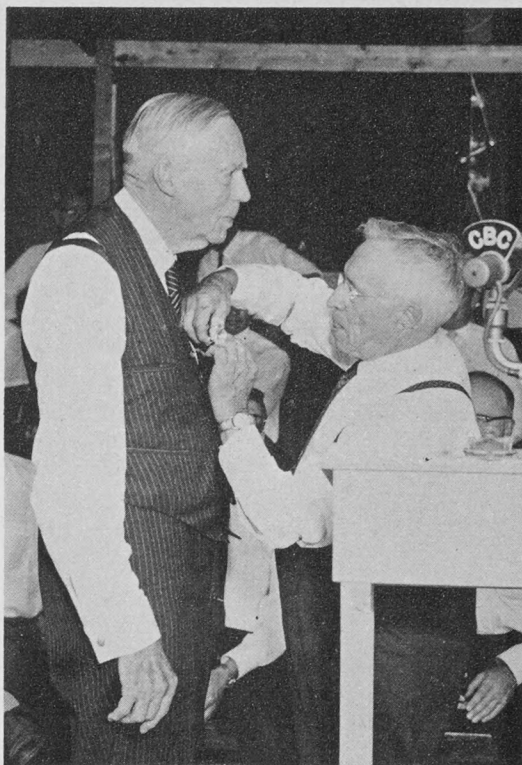


The official ceremonies began by His Excellency Archbishop O'Neill of Regina saying Mass. He was assisted by priests and choristers from Lebret Seminary.



A protestant religious service followed the above, conducted by Canon J. H. Corkhill and Rev. H. A. Groom and assisted by a choir from the Anglican and United churches from Fort Qu'Appelle, led by Mrs. Winnifred Proud.

Right Honourable J. G. Gardiner, an early friend of the League, pins a 25-year Service Pin on Chief Justice W. M. Martin in recognition of his long service as a Board member.



Bill Walker of CBC fame, who came from Toronto to be Master of Ceremonies.



Part of the crowd listening to the afternoon speeches.



Mrs. G. S. McDonald, Regent of the Municipal Chapter I.O.D.E., Regina, presents Dr. R. G. Ferguson with a Certificate of Merit.



Dr. G. J. Wherrett, Executive Secretary Canadian Tuberculosis Association, Ottawa, who began his tuberculosis career at Fort Qu'Appelle, addresses the assembled gathering.



At the reception held at the residence of the General Superintendent. From left to right Mrs. Ferguson, Miss M. J. Montgomery, an early superintendent of nurses, Mrs. Gardiner, Dr. G. J. Wherrett, Dr. R. G. Ferguson and Hon. J. G. Gardiner.



A panorama of people and hills on the far side of Echo Lake.



The President, Mr. Ken More, addresses the guests. The day was so very hot that many people found shelter in the clumps of trees but heard the speakers through the many loud-speakers.

Mr. Gardiner gives a 25-year Service Pin to J. G. Knox for his more than 25 years as a Board member of the League.

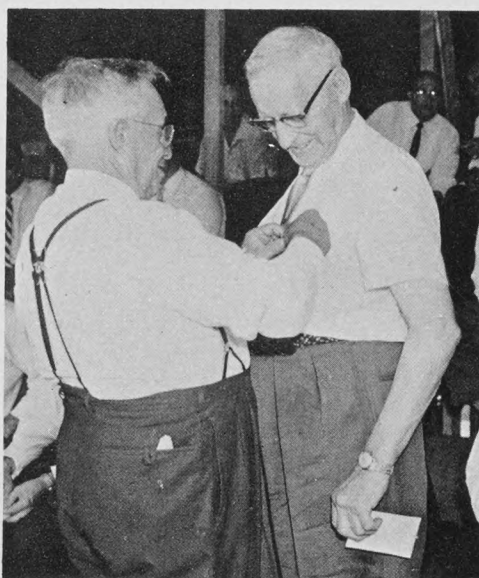


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THE GOLDEN JUBILEE

The book "The People Versus the White Plague" covering the fifty-year history of The League is now available at \$1.00 per copy by writing Mr. Frank Froh, secretary of the Saskatchewan Anti-tuberculosis League, Fort San.

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Several years ago there was a book or possibly two books about drawing and cartooning. I believe I lent these to a patient who professed an interest in such matters. I hope the person who has them will see this invitation to return them to me at Saskasan.

Harvey C. Boughton.

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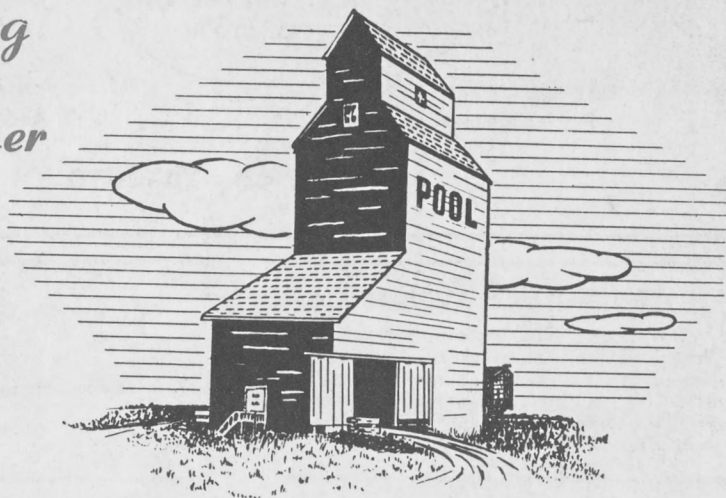
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The Anti-tuberculosis League of Saskatchewan, the esprit de corps in the fight against tuberculosis, recently celebrated 50 years of public service to Saskatchewan people. The co-operation of many people has made the League's battle against tuberculosis more effective.

In the Wheat Pool, farmer members work co-operatively to make agriculture a more stable and secure industry. All Pool facilities are owned and controlled by the members and surplus earnings from the operation of these facilities are returned to the members.

The Wheat Pool speaks for farmers at provincial, national and international levels on policies affecting the farm industry. Members' needs come first in the Saskatchewan Wheat Pool. This is only one of the many advantages gained from membership in the Pool.

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